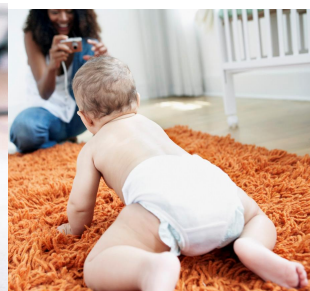


~~Missouri~~ STATE APPLICATION UNDER PART C
OF THE
INDIVIDUALS WITH DISABILITIES EDUCATION ACT

DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION PROGRAMS
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MISSOURI STATE PLAN FOR SPECIAL EDUCATION

Regulations Implementing Part C of the Individuals with Disabilities Education Act First Steps Program

**Missouri Department of Elementary and
Secondary Education**

*Dr. Chris L. Nicastro
Commissioner of Education*

Revised 2010

MISSOURI STATE APPLICATION UNDER PART C OF THE IDEA

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General Application Requirements *Provisions*

A. DEFINITIONS (34 CFR 303.5-303.21 and 303.23)

The State of Missouri has adopted the definitions in 34 CFR 303.5-303.24 of the Part C regulations and selected terms as defined in 34 CFR 77.1 and 74.3 for use in implementing the State's early intervention program.

Act (34 CFR 303.6)

As used in this part, Act means the Individuals with Disabilities Education Act (IDEA).

Children (34 CFR 303.7)

As used in this part, children means infants and toddlers with disabilities as that term is defined in Sec. 303.16.

Council (34 CFR 303.8)

As used in this part, Council means the State Interagency Coordinating Council.

Days (34 CFR 303.9)

As used in this part, days means calendar days unless otherwise noted.

Developmental Delay (34 CFR 303.10):

1. the child, as measured by appropriate diagnostic measures and procedures emphasizing the use of informed clinical opinion, is functioning at half the developmental level that would be expected for a child considered to be developing within normal limits and of equal age. In the case of infants born prematurely, the adjusted chronological age should be assigned for a period of up to 12 months or longer if recommended by the child's primary medical home. The delay must be identified in one or more of the following areas:
 - a) cognitive development;
 - b) communication development;
 - c) adaptive development;
 - d) physical development, including vision and hearing;
 - e) social or emotional development;

Early Intervention Program (34 CFR 303.11)

As used in this part, early intervention program means the total effort in a State that is directed at meeting the needs of children eligible under this part and their families.

Early Intervention Services (EIS) (34 CFR 303.12)

- (a) General. As used in this part, early intervention services means services that --
- (1) are designed to meet the developmental needs of each child eligible under this part and the needs of the family related to enhancing the child's development;
 - (2) are selected in collaboration with the parents;
 - (3) are provided:
 - i) under public supervision,
 - ii) by qualified personnel, as defined in Sec. 303.21, including the types of personnel listed in paragraph (e) of this section,
 - iii) in conformity with an individualized family service plan, and
 - iv) at no cost, unless subject to Sec. 303.520 (b) (3), Federal or State law provides a system of payments by families, including a schedule of sliding fees; and,
 - (4) meets the standards of the State, including the requirements of this part.
- (b) Natural environments: To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate.
- (c) General role of service providers. To the extent appropriate, service providers in each area of early intervention services included in paragraph (d) of this section are responsible for --
- (1) consulting with parents, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services in that area;

- (2) training parents and others regarding the provision of those services; and,
 - (3) participating in the multidisciplinary team's assessment of a child and child's family and in the development of integrated goals and outcomes for the individualized family service plan
- (d) EIS includes:

1) Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities. Assistive technology service means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include:

- a) the evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
- b) purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- c) selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- d) coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- e) training or technical assistance for a child with disabilities or if appropriate, that child's family; and,
- f) training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to, or are otherwise substantially involved in the major life functions of individuals with disabilities.

2) Audiology includes:

- a) identification of children with auditory impairments, using at risk criteria and appropriate audiologic screening techniques;
- b) determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
- c) referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
- d) provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
- e) provision of services for prevention of hearing loss; and
- f) determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

3) Family Child Care Assistance includes in-home or other care arrangements to enable the child's family to participate in early intervention services that include a defined family component, i.e., family training or counseling services, psychological services, or social work.

34) Family training, counseling, and home visits means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child's development.

45) Health Services (See Section 303.13)

56) Medical Services only for diagnostic or evaluation purposes means services provided by a licensed physician to determine a child's developmental status and need for early intervention services.

67) Nursing Services include:

- a) the assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
 - b) provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and,
 - c) administration of medications, treatments and regimens prescribed by a licensed physician.
- ~~7~~8) Nutrition Services includes conducting individual assessments in:
- a) nutritional history and dietary intake;
 - b) anthropometric, biochemical, and clinical variables;
 - c) feeding skills and feeding problems; and,
 - d) food habits and food preferences;
 - e) developing and monitoring appropriate plans to address the nutritional needs of children eligible based on assessment findings; and,
 - f) making referrals to appropriate community resources to carry out nutrition goals.
- ~~8~~9) Occupational Therapy includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings and include:
- a) identification, assessment and intervention;
 - b) adaptation of environment, and selection and design and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and,
 - c) prevention or minimization of the impact of initial or future impairment, delay in development or loss of functional ability.
- ~~9~~10) Physical Therapy includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:
- a) screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction; and,
 - b) obtaining, interpreting, and integrating, information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems, and
 - c) providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.
- ~~10~~11) Psychological Services include:
- a) administering psychological and developmental tests, and other assessment procedures;
 - a) interpreting assessment results;
 - b) obtaining, integrating and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and,
 - c) planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training and education programs.
- ~~11~~12) Service coordination services means assistance and services provided by a service coordinator to an eligible child and the child's family that are in addition to the following functions and activities as defined in 34 CFR 303.23.
- ~~12~~13) Social Work Services include:

- a) making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
- b) preparing a social or emotional developmental assessment of the child within the family context;
- c) providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;
- d) working with those problems in a child's and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and,
- e) identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

~~13~~¹⁴ Special Instruction includes:

- a) the design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
- b) curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan;
- c) providing families with information, skills, and support related to enhancing the skill development of the child; and,
- d) working with the child to enhance the child's development.

~~14~~¹⁵ Speech/Language Pathology includes:

- a) identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;
- b) referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and,
- c) provision of services for the habilitation, rehabilitation or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

~~15~~¹⁶ Transportation and Related Costs includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and related costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible for the program and the child's family to receive early intervention services.

~~16~~¹⁷ Vision Services means:

- a) evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;
- b) referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and,
- c) communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

(e) Qualified personnel. Early intervention services must be provided by qualified personnel, including:

- (1) Audiologists;
- (2) Family therapists;
- (3) Nurses;
- (4) Nutritionists;
- (5) Occupational therapists;
- (6) Orientation and mobility specialists;
- (7) Pediatricians and other physicians;

- (8) Physical therapists
- (9) Psychologists;
- (10) Social workers;
- (11) Special educators; and,
- (12) Speech and language pathologists.

Health Services (34 CFR 303.13)

As used in this part, health services means services necessary to enable a child to benefit from the other early intervention services under this part during the time that the child is receiving the other early intervention services.

The term includes:

- a) such services as clean intermittent catheterization, tracheotomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services, and
- b) consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services.

The term does not include services that are:

- a) surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus); or
- b) purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose);
- c) devices necessary to control or treat a medical condition; or,
- d) medical-health services (such as immunizations and regular “well-baby” care) that are routinely recommended for all children.

NOTE: The Definition in this section distinguishes between the health services that are required under Part C of the IDEA and the medical-health services that are not required. The IFSP requirements under Part C provide that, to the extent appropriate, these other medical-health services are to be included in the IFSP, along with the funding sources to be used in paying for the services or the steps that will be taken to secure the services through public or private sources. Identifying these services in the IFSP does not impose an obligation to provide the services if they are otherwise not required to be provided under Part C of IDEA. (See Sec. 303.344(e) and note 3 following that section.)

IFSP (34 CFR 303.14)

As used in this part, IFSP means the individualized family service plan, as that term is defined in Sec. 303.340 (b)

Include; Including (34 CFR 303.15)

As used in this part, include or including means that the items named are not all of the possible items that are covered whether like or unlike the ones named.

Infants and Toddlers with Disabilities (34 CFR 303.16)

- (a) As used in this part, infants and toddlers with disabilities means individuals from birth through age two who need early intervention services because they:
 - (1) are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:
 - a) cognitive development
 - b) physical development, including vision and hearing;
 - c) communication development
 - d) social or emotional development, or
 - e) adaptive development, or
 - (2) have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

Multidisciplinary (34 CFR 303.17)

As used in this part, multidisciplinary means the involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment activities in Sec. 303.322, and the development of the IFSP in Sec. 303.342.

Natural Environments (34 CFR 303.18)

As used in this part, natural environments means settings that are natural or normal for the child's age peers who have no disabilities.

Parent (34 CFR 303.19)

Parent means—

- 1) a natural or adoptive parent of a child;
- 2) a guardian;
- 3) a person acting in the place of a parent (such as a grandparent or stepparent with whom the child lives, or a person who is legally responsible for the child's welfare);
- 4) an educational surrogate who has been appointed in accordance with Sec. 303.406;
- 5) a foster parent consistent with Sec. 303.19(b).

Note: The federal regulations state the following in regard to a foster parent.

Foster Parent. Unless State law prohibits a foster parent from acting as a parent, a State may allow a foster parent to act as a parent under Part C of the act if—

- 1) the natural parents' authority to make decisions required of parents under the Act has been extinguished under State law; and
- 2) the foster parent
 - a. has an ongoing, long-term parental relationship with the child;
 - b. is willing to make the decisions required of parents under the Act; and
 - c. has no interest that would conflict with the interests of the child.

Policies (34 CFR 303.20)

(a) As used in this part, policies means State statutes, regulations, Governor's orders, directives by the lead agency, or other written documents that represent the State's position concerning any matter covered under this part.

(b) State policies include—

- (1) a State's commitment to develop and implement the statewide system (See Sec. 303.140);
- (2) a State's eligibility criteria and procedures (see 303.300);
- (3) a statement that provides that, subject to 303.520 (b) (3), services under this part will be provided at no cost to parents, except where a system of payments is provided for under Federal or State law;
- (4) a State's standards for personnel who provide services to children eligible under this part (see 303.361);
- (5) a State's position and procedures related to contracting or making other arrangements with service providers under Subpart F; and,
- (6) other positions that the State has adopted related to implementing any of the other requirements under this part.

Public Agency (34 CFR 303.21)

As used in this part, public agency includes the lead agency and any other political subdivision of the State that is responsible for providing early intervention services to children eligible under this part and their families.

Qualified (34 CFR 303.22)

As used in this part, qualified means that a person has met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which the person is providing early intervention services.

Note: These regulations contain the following provisions relating to a State's responsibility to ensure that personnel are qualified to provide early intervention services:

1. Section 303.12 (a) (4) provides that early intervention services must meet State standards. This provision implements a requirement that is similar to a long-standing provision under Part B of the Act (i.e., that the State educational agency establish standards and ensure that those standards are currently met for all programs providing special education and related services.)
2. Section 303.12 (a) (3) (ii) provides that early intervention services must be provided by qualified personnel.
3. Section 303.361 requires statewide systems to establish policies and procedures related to personnel standards.

Service Coordination (34 CFR 303.23)

Service coordination means the activities carried out by a service coordinator to assist and enable an eligible child and the child's family to receive the rights, procedural safeguards and services that are authorized to be provided under the State's early intervention program.

Each child eligible under this part and the child's family must be provided with one service coordinator who is responsible for—

- i. coordinating all services across agency lines, and
- ii. serving as the single point of contact in helping parents to obtain the services and assistance they need.

Service coordination is an active, ongoing process that involves—

- i. assisting parents of eligible children in gaining access to the early intervention services and other services identified in the individualized family service plan;
- ii. coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;
- iii. facilitating the timely delivery of available services; and,
- iv. continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.

Specific service coordination activities include—

- i. coordinating the performance of evaluations and assessments;
- ii. facilitating and participating in the development, review, and evaluation of individualized family service plans;
- iii. assisting families in identifying available service providers;
- iv. coordinating and monitoring the delivery of available services;
- v. informing families of the availability of advocacy services;
- vi. coordinating with medical and health providers; and,
- vii. facilitating the development of a transition plan to preschool services, if appropriate or other services.

Qualifications of service coordinators: Service coordinators must be persons who, consistent with Section 303.344 (g), have demonstrated knowledge and understanding about infants and toddlers who are eligible under this part, Part C of the Act and the regulations in this part; and, the nature and scope of services available under the State's early intervention program, the system of payments for services in the State, and other pertinent information.

Sec. 303.25 EDGAR definitions that apply.

The following terms used in this part are defined in 34 CFR 77.1

- Applicant
- Award
- Contract
- Department
- EDGAR
- Fiscal year
- Grant
- Grantee
- Grant period
- Private
- Public
- Secretary

B. LEAD AGENCY (34 CFR 303.142, 303.143 and 303.500)

The Department of Elementary and Secondary Education (DESE) is the lead agency responsible for ensuring the provision of early intervention services to eligible infants and toddlers with disabilities and their families consistent with 20U.S.C. 1471 et seq., and 34 CFR Part 303. The Department of Elementary and Secondary Education, as the lead agency, is the entity responsible for assigning financial responsibility among appropriate agencies.

The Department is responsible for ensuring that the minimum components of a statewide system of early intervention services for eligible infants and toddlers and their families, as required by the United States Department of Education is established and maintained in the state. The minimum components, identified in 20 U.S.C. 1476 and 34 CFR 303, include the following:

- a) A state definition of developmentally delayed
- b) A central directory of information relating to early intervention services, resources, experts, and research and demonstration projects available in the state
- c) A public awareness program
- d) A comprehensive child find system
- e) Evaluation and assessment procedures
- f) Development, review and evaluation of IFSPs and service coordination
- g) A comprehensive system of personnel development
- h) Development and implementation of personnel standards
- i) Development and implementation of procedural safeguards
- j) General administration, supervision, and monitoring of the early intervention system
- k) Procedures for resolving complaints
- l) Policies and procedures related to financial matters, including the following:
 - a. the identification and coordination of all resources in the state available for early intervention services
 - b. the timely reimbursement of funds provided by the United States Department of Education for early intervention services
 - c. the assignment of financial responsibility among the participating agencies
- m) Interagency agreements for resolution of disputes
- n) Policies for contracting or otherwise arranging for services
- o) Data collection on the numbers of infants and toddlers with disabilities and their families in the state
- p) Policies and procedures that ensure that to the maximum extent appropriate, early intervention services are provided in natural environments; and the provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.

The State of Missouri assures that a current IFSP is in effect and implemented for each eligible child and the child's family (34 CFR 303.167).

C. STATE INTERAGENCY COORDINATING COUNCIL (SICC)

Establishment and Composition (34 CFR 303.600 303.601)

The Governor of the state appoints the State Interagency Coordinating Council (SICC). In making an appointment to the Council, the Governor ensures that membership of the Council reasonably represents the population of the State and meets the requirements as specified in CFR 303.601. The chairperson is designated by the Council and does not represent the lead agency. Parents who are selected to serve on the council may not be employees of any agency involved in providing early intervention services.

Meetings (34 CFR 303.603)

The SICC meets at least quarterly. To comply with Missouri's Open Meetings Law, all meetings are generally announced at least one week in advance and at a minimum of 24 hours in advance at the location of the meeting, as well as at DESE. These procedures ensure that meetings are announced sufficiently in advance to ensure attendance and that they are open and accessible to the public. Interpreters for persons who are deaf and other necessary services for both SICC members and participants are provided as requested. The lead agency uses Part C funds to pay for these services.

Use of Funds by the Council (303.602)

Subject to the approval by the Governor, the Council may use funds under this part--

- (1) to conduct hearings and forums;
- (2) to reimburse members of the Council for reasonable and necessary expenses for attending Council meetings and performing Council duties (including child care for parent representatives);
- (3) to pay compensation to a member of the Council if the member is not employed or must forfeit wages from other employment when performing official Council business.
- (4) to hire staff; and,
- (5) to obtain the services of professional, technical, and clerical personnel, as may be necessary to carry out the performance of its functions under this part.

Compensation and expenses of Council members

Except as provided in items 2 and 3 above, Council members shall serve without compensation from funds available under this part.

Conflict of Interest (34 CFR 303.604)

No member of the Interagency Coordinating Council may cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest.

Functions (34 CFR 303.650-303.654)

The functions of the Interagency Coordinating Council are to:

1. advise and assist the lead agency in the development and implementation of policies that constitute the statewide system;
2. assist the lead agency in achieving full participation, coordination, and cooperation of all appropriate public agencies in the state;
3. assist the lead agency in the implementation of the statewide system by establishing a process that includes:
 - a) seeking information from service providers, service coordinators, parents, and others about any Federal, State, or local policies that impede timely service delivery; and
 - b) taking steps to ensure that policy problems identified under 3. a. above are resolved;
4. to the extent appropriate, assist the lead agency in the resolution of disputes; and,
5. to strengthen service integration for both infants and toddlers with disabilities and at-risk infants and their families, regardless of eligibility status.

The Council advises and assists the lead agency in the performance of their responsibilities for the:

1. appropriate services for children ages 0-5 inclusive, including transitional services to preschool
2. and other appropriate services;
3. identification of sources of fiscal and other support for services for early intervention services;
4. assignment of financial responsibility to the appropriate agency; and,
5. promotion of interagency agreements under 34 CFR 303.523.

The Council advises and assists the lead agency in the preparation of applications and amendments to applications under Part C. The Council also advises and assists the lead agency (SEA) regarding the transition of toddlers with disabilities to services provided under Part B of the IDEA or to preschool and other appropriate services.

The Council advises appropriate agencies in the State with respect to the integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families, regardless of whether at-risk infants and toddlers are eligible for early intervention services in the State.

The Council prepares an annual report to the Governor and to the Secretary of the US Department of Education on the status of early intervention programs operated in the State and submits this report to the Secretary on the date established by the Secretary. Each annual report contains information required by the Secretary for the reporting year.

D. PUBLIC PARTICIPATION

The Missouri DESE uses the following methods to make the Part C application available for comments to the public, including individuals with disabilities and parents of children with disabilities.

1. Advertisement in newspapers.
2. A general news release from the DESE's Office of Public Information to the state's newspapers, radio stations, television stations, and other points of information dissemination. The news release includes notice of the state's intent to submit a Part C application, the availability of the application for review, the date of public hearings, and procedures for submitting written comments about the application.
3. Public hearings.
4. Posting the proposed plan on the Internet.
5. Electronic mail.

E. EQUITABLE DISTRIBUTION OF RESOURCES

Contractual arrangements with early intervention providers ensure that early intervention services are provided to eligible children when there is no other federal, state, private, or local source of payment. These monies expand and provide services that are otherwise unavailable.

Early intervention services, specialized services and/or discretionary projects are funded through the state of Missouri's rules for purchasing. These rules involve adequate notification to the public that services are sought and submission procedures.

F. TRANSITION TO PRESCHOOL PROGRAMS (34 CFR 303.148)

The State of Missouri has developed the following policies and procedures to ensure a smooth and effective transition from Part C (First Steps) services to Part B (local school district) services for children with disabilities at age three.

Information about transition to Part B Early Childhood Special Education (ECSE) or other appropriate services is shared with the family and explained at the initial IFSP meeting if the

child is two (2) years of age or older. For a child participating in Part C First Steps prior to age two (2), this information is provided at the six (6) month or annual IFSP meeting held closest to the child's second birthday.

The Part C Service Coordinator will inform the parent that consistent with IDEA requirements, First Steps is required to notify the local educational agency (LEA) in which the child lives that the child is approaching three (3) years of age and may be eligible for early childhood special education services under Part B of IDEA. This LEA notification includes limited directory information (child's name and birth date, and parent's name, address, and telephone number).

A parent may "opt out" of this LEA notification in writing stating they do not want directory information provided to the local school district. Otherwise, the directory information will be shared with the local school district in which the child lives.

Six months prior to the child's third birth date, the Part C Service Coordinator will convene an IFSP meeting to discuss the transition process **steps** with the parents and other **IFSP** team members in order to develop a transition plan. At this time, the team documents the steps to be taken to provide the child with a smooth and effective transition to the public school and/or other services as appropriate. If the parent agrees, local education agency (LEA) personnel must be invited **and to** attend this IFSP meeting. ~~If a member of the LEA staff was invited, but did not attend the transition meeting, the LEA must contact the parent at least 120 days prior to the child's third birth date.~~ The purpose of the contact is to explain the process in the district will complete to determine the child's eligibility for services under Part B of the IDEA and, if eligible, the steps that will be necessary to assure the provision of services on the child's third birth date unless the birth date occurs during a routine school break.

If a member of the LEA staff was invited, but did not attend the transition meeting, and If the parent wants **to pursue** an eligibility determination for special education and related services under Part B of IDEA, the Part C Service Coordinator **shall** obtain **a** release of information to **share records with** the LEA. Any information that will assist the LEA in determining the child's eligibility and special education and related service needs must be released **immediately**, and must be done in such a manner so as to ensure a timely receipt by the LEA. Information provided must include at a minimum, the following:

- ~~A.~~ **A.** child and parent name, address, and phone number, and the child's birth date;
- B.** current copy of the entire IFSP which includes present levels of functioning, early intervention services, and transition plan;
- ~~C.~~ **B.** all evaluations that have occurred in the previous year, and if not contained in the child's record, where the information can be obtained; and
- ~~D.~~ **C.** any written reports from service providers within the last year.

Upon receipt of the information, the LEA must follow initial evaluation procedures as outlined in the Part B State Plan. LEAs are required to provide special education and related services to eligible children as identified in the IEP as of the child's third birth date unless the birth date occurs during a normal vacation period for the public school. The LEA can document that it has made a diligent effort to complete the evaluation and IEP process, but despite that effort, was unable to do so within time lines. IEPs developed in the spring or summer may identify the implementation date as the first day of school in the fall.

Part B eligible children whose third birth dates are May **1** through August **31** may continue in the First Steps program until the initiation of their local district's school year in the fall.

Part B Eligible children whose third birth dates are April 1 through May 1 may either transition to Part B services before the end of the current school year or continue services in First Steps until the initiation of their local district's school year in August/September. This discussion is part of the transition conference. Children who enroll in the local school district for the remainder of the school year must be considered for Extended School Year as required by Part B of the Individuals with Disabilities Education Act.

Financial support for early intervention services that are provided after the child's summer third birth date are as follows:

Early intervention services that were financially supported prior to the child's third birth date by Part C funds will be paid by the Department of Elementary and Secondary Education (DESE) after the child's third birth date.

If LEA policy allows, eligible children whose third birth dates occur during September may receive services under Part B at the beginning of the district's school year.

G. ADOPTION OF POLICY ON STATEWIDE SYSTEM (3 CFR 303.140 (a) (b))

The Department of Elementary and Secondary Education, as lead agency, assures that the State's early intervention system is in effect, and that appropriate early intervention services are available to all eligible infants and toddlers with disabilities in the State and their families.

Part C does not apply to any child with disabilities receiving FAPE with funds under Section 619 of Part B of IDEA in the state of Missouri.

H. TRADITIONALLY UNDERSERVED GROUPS (CFR 303.128)

The State ensures that traditionally underserved groups, including minority, low income and rural families are meaningfully involved in the planning and implementation of all requirements of Part C. This is achieved through participation on the SICC and local interagency coordinating councils as well as through the delivery of services.

The State also ensures that these families have access to culturally competent services within their local geographical areas. This is achieved through provider recruitment and training.

I. SERVICES TO ALL GEOGRAPHIC AREAS (CFR 303.147)

Early intervention services are provided through contractual arrangements. Early intervention providers cover all geographic areas of the state.

J. ANNUAL PERFORMANCE REPORT (EDGAR 80.40 (b))

The Lead Agency submits its annual performance report to the Office of Special Education Programs and the Governor.

K. ANNUAL DATA COLLECTION REPORT

The State ensures that the Annual Data Collection Report is submitted to the Office of Special Education Programs, Department of Education.

L. GENERAL EDUCATION PROVISIONS ACT (GEPA)

The State ensures equitable access to and participation in Part C.

Requirements Related to Components
of a
Statewide System

I. STATE ELIGIBILITY CRITERIA AND PROCEDURES (34 CFR 303.300)

Children who are eligible for early intervention services are children between the ages of birth and 36 months who have been determined to have:

A. a diagnosed physical or mental condition associated with developmental disabilities or has a high probability of resulting in a developmental delay or disability.

STATE DEFINITION OF DIAGNOSED CONDITIONS

The State of Missouri has adopted the following conditions to meet the definition of “diagnosed physical or mental condition that has a high probability of resulting in a developmental delay”:

1. Conditions diagnosed at birth or within 30 days post birth (newborn conditions)
 - a. Very Low Birth Weight (VLBW; less than 1,500 grams) with one or more conditions:
 - Apgar of 6 or less at 5 minutes
 - Intracranial bleeds (Grade II, I II, or IV)
 - Ventilator dependent for 72 hours or more
 - Asphyxiation
2. Conditions Diagnosed (Neonatal/Infant/Toddler Conditions)
 - a) Genetic conditions known to be associated with mental retardation or developmental disabilities including but not limited to:

--Down Syndrome	--Trisomy 13 Syndrome (Patau's)
--Cri-du-Chat Syndrome	--Triple X Syndrome
--Klinefelter's Syndrome	--Fragile X Syndrome
--Trisomy 18 Syndrome (Edward's)	--Prader Willi
--Turner's Syndrome	--Pierre Robin
 - b) Additional conditions known to be associated with mental retardation or developmental disabilities including but not limited to:
 - Hypoxic Ischemic Encephalopathy (HIE) and at term (36 weeks gestation or more)
 - Cranio-facial anomalies (i.e, cleft palate, etc.)
 - Epilepsy/ Seizure Disorder
 - Spina Bifida
 - Blindness, including visual impairments
 - Macro/Microcephalus, including Hydrocephalus
 - Deafness, including hearing impairments
 - Fetal Alcohol Syndrome
 - Cyanotic Congenital Heart Disease
 - PKU
 - Cerebral Palsy
 - Viruses/bacteria (Herpes, syphilis, cytomegalovirus, toxoplasmosis, and rubella)
 - Acquired Immune Deficiency Syndrome (AIDS)
 - Autism Spectrum Disorders

Other conditions known to be associated with mental retardation or developmental disabilities to be considered for eligibility must be based upon informed clinical opinion by Board certificated neonatologists, pediatricians, geneticists, and/or pediatric neurologists. These physicians may refer a child by indicating the specific condition and documenting the potential impact of the condition in any of the five developmental areas.

B. A developmental delay, as measured by appropriate diagnostic measures and procedures emphasizing the use of informed clinical opinion, is defined as a child who is functioning at half the developmental level that would be expected for a child developing within normal limits and of equal age. In the case of infants born prematurely, the adjusted chronological age [which is calculated by deducting one-half of the prematurity from the child's chronological age] should be assigned for a period of up to 12 months or longer if recommended by the child's physician. The delay must be identified in one or more of the following areas:

- a. cognitive development;
- b. communication development;
- c. adaptive development;
- d. physical development, including vision and hearing;
- e. social or emotional development;

Services to At Risk Children

It is the policy of the State of Missouri to not include children considered to be “at risk” of having substantial developmental delays for eligibility in the Part C system under this application. The phrase “at risk” includes infants and toddlers who are not otherwise covered by the definitions described previously.

RESIDENCY REQUIREMENTS

- 1. A child must be a resident of the State of Missouri to receive Part C services from the state’s system.
- 2. A child living with a parent, legal guardian, or person “acting as a parent” within the definition of the Individuals with Disabilities Act in the State of Missouri is considered a resident.
- 3. Citizenship status cannot be used to deny Part C services to an eligible child and family.
- 4. A child living in Missouri solely for the purpose of receiving Part C services is not considered a resident.
- 5. Citizenship or immigrant status is not a requirement of residency.

II. CENTRAL DIRECTORY (34 CFR 303.301)

The State of Missouri assures that it has developed a central directory of information, which includes:

- 1. public and private early intervention services, resources, and experts available in the State (Provider Matrix);
- 2. research and demonstration projects being conducted in the State, and;
- 3. professional and other groups that provide assistance to children eligible under this part and their families.

The State of Missouri ensures that the central directory is in sufficient detail to:

- 1. ensure that the general public will be able to determine the nature and scope of the services and the assistance available from each of the sources listed in the directory, and
- 2. enable the parent of a child eligible under this part to contact, by telephone or letter, any of the sources listed in the directory.

The State of Missouri ensures that the central directory is:

- 1. updated at least annually, and
- 2. accessible to the general public.

The State of Missouri assures that information about the central directory is available in each geographic region of the State, including rural areas, and in places and a manner that ensure accessibility by persons with disabilities.

III. PUBLIC AWARENESS PROGRAM (34 CFR 303.320)

The State of Missouri assures that a public awareness program has been developed that focuses on the early identification of children who are eligible to receive early intervention services under this part, including the preparation and dissemination of information materials for parents on the availability of early intervention services by the lead agency to all primary referral sources.

The State of Missouri assures that a public awareness program has been developed that provides information about the State's:
early intervention program;

1. the child find system, including:
 - a) purpose and scope of the system,
 - b) how to make referrals,
 - c) how to gain access to a comprehensive, multidisciplinary evaluation and other early intervention services; and,
2. the Central Directory.

NOTICE TO PARENTS (34 CFR 300.561)

Adequate notice shall be provided to fully inform parents about the requirements under 34 CFR 303.164 and 303.321 (Comprehensive Child Find System), including:

1. A description of the extent to which the notice is given in the native languages of the various population groups in the state;
2. A description of children on whom personally identifiable information is maintained, the types of information sought, the methods the State intends to use in gathering the information, (including the sources from whom information is gathered), and the use to be made of information;
3. A summary of the policies and procedures which participating agencies must follow regarding storage, disclosure to third parties, retention and destruction of personally identifiable information; and,
4. A description of all the rights of parents and children regarding this information, including the Family Educational Rights and Privacy Act (FERPA) rights.

The notice shall be published or announced annually. This notice shall be published or announced in newspapers or other media with circulation adequate to notify parents throughout the State.

IV. COMPREHENSIVE CHILD FIND SYSTEM (34 CFR 303.321)

The State of Missouri ensures that the statewide system includes a comprehensive child find system that is consistent with Part B of IDEA (34 CFR 300.128) and meets the requirements to identify, locate, and evaluate all eligible infants and toddlers and to determine which children are receiving needed early intervention services.

The lead agency, DESE, with the advice and assistance of the SICCC, is responsible for implementing the child find system. It is the policy of the Missouri Department of Elementary and Secondary Education that all children birth through 20 who are disabled and in need of special services are identified, located, and evaluated.

The Child Find System in Missouri is coordinated with all other major efforts to locate and identify children conducted by State agencies responsible for administering the various education, health, and social service programs relevant to this part, tribes and tribal organizations that receive money under Part C, and other tribes and tribal organizations as appropriate, including efforts in the:

1. Child Find authorized under Part B of the Act;
2. Maternal and Child Health program under Title V of the Social Security Act;
3. Medicaid's Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program under Title XIX of the Social Security Act;

4. Developmental Disabilities Assistance and Bill of Rights Act;
5. Head Start Act; and,
6. Supplemental Security Income program under Title XVI of the Social Security Act.

The lead agency, with the advice and assistance of the SICC, takes steps to ensure that:

1. there will not be unnecessary duplication of effort by the various agencies involved in the State's child find system under this part, and
2. the State will make use of the resources available through each public agency in the State to implement the child find system in an effective manner.

Part C funds may be used to improve collaboration in order to identify and evaluate at-risk infants and toddlers, make referrals to other available services for such children, and to conduct periodic follow-up to determine if the status of the infant or toddler has changed and may be eligible for early intervention services as provided by Part C.

The following procedures are used by primary referral sources for referring a child to the appropriate public agency within the system for:

1. Evaluation and assessment, in accordance with 34 CFR 303.322 and 303.323, or
2. As appropriate, the provision of services, in accordance with 34 CFR 303.342(a) or 303.345.

Primary referral sources are informed about the referral process and procedures through the public awareness brochure and numerous presentations. This information is also available through any participating state agency. The DESE ensures that referrals to First Steps are made to a system point of entry within two working days after a child is identified as being potentially eligible for the State's early intervention program.

Primary referral sources include:

1. Hospitals, including prenatal and postnatal care facilities;
2. Physicians;
3. Parents;
4. Child-care programs;
5. Local educational agencies (including special education and Parents as Teachers (SB 658));
6. Public health facilities;
7. Other social service agencies; and,
8. Other health care providers.

V. EVALUATION and ASSESSMENT (34 CFR 303.322) AND NONDISCRIMINATION PROCEDURES

The State of Missouri ensures that the statewide system of early intervention described in this application includes the performance of a timely, comprehensive, multidisciplinary evaluation of each child, birth through age two, referred for evaluation and a family-directed identification of the needs of each child's family to appropriately assist in the development of the child. The DESE is responsible for ensuring that all affected public agencies and service providers in the State implement the requirements of this section.

Timelines for Public Agencies to Act on Referrals

1. Once the public agency receives a referral, it shall appoint an intake coordinator as soon as possible.
2. Within 45 days after it receives a referral, a public agency shall:
 - a. provide the parent with a Prior Written Notice of intent to conduct an evaluation,
 - b. obtain informed, written parental consent to proceed,

- c. facilitate the collection and review of existing documentation to complete the evaluation for eligibility in accordance with 34 CFR 303.322; and,
- d. schedule and facilitate an initial IFSP meeting, in accordance with 34 CFR 303.342.

If circumstances prevent this timeline from being met, the public agency will follow procedures as outlined herein.

Definitions

The following definitions apply to evaluation and assessment activities:

1. A child's evaluation means the procedures used by appropriate, qualified personnel to determine a child's initial ~~and continuing~~ eligibility under this part, consistent with the definition of infants and toddlers with disabilities in 34 CFR 303.16, including determining the status of the child in each of the developmental areas.
2. Assessment means the ongoing procedures used by appropriate, qualified personnel throughout the period of a child's eligibility under this part to identify:
 - a. the child's unique strengths and needs and the services appropriate to meet those needs;
 - b. the resources, priorities, and concerns of the family and identification of supports and services necessary to enhance the family's capacity to meet the developmental needs of their child with a disability; and,
 - c. the nature and extent of early intervention services that are needed by the child and the child's family to meet the needs of the child (34 CFR 303.322).

Child Assessment

After informed, written parental consent is obtained, the multidisciplinary evaluation or assessment may begin.

The multidisciplinary evaluation and assessment for each child must:

1. be conducted by personnel trained and qualified to utilize appropriate methods and procedures, and
2. be based on informed clinical opinion.

The multidisciplinary evaluation of each child for eligibility determination purposes must include the following:

1. a review of current health records and medical history;
2. an evaluation of the child's level of functioning in each of the following areas:
 - a) cognitive development,
 - b) physical development, including vision and hearing,
 - c) communication development,
 - d) social/emotional development, and
 - e) adaptive development;
3. an assessment of the unique needs of the child in terms of each developmental area; and,
4. the identification of services appropriate to meet those needs (34 CFR 303.322).

Multidisciplinary means the involvement of two or more different disciplines or professions.

Family Assessment

If the family agrees, information regarding the family's resources, priorities, and concerns must be gathered through a family assessment.

Family assessments must be family-directed and designed to determine the resources, priorities, and concerns of the family and identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child. Any assessment that is conducted must be voluntary on the part of the family and their consent documented in the child's early intervention record; and, if an assessment of the family is carried out, the assessment must:

1. be conducted by the Intake Service Coordinator who are trained and qualified to utilize appropriate methods and procedures;
2. be based on information provided by the family through a personal interview; and,
3. incorporate the family's description of its resources, priorities, and concerns related to enhancing the child's development (34 CFR 303.322 (a)).

Timelines

The evaluation for eligibility and the initial assessment of each child (including the family assessment) determined to be eligible for Part C services (and initial IFSP meeting) must be completed within 45 calendar days of referral. In the event of exceptional circumstances that make it impossible to complete the evaluation and assessment within 45 days (e.g. if a child is ill or there is some other family-initiated situation that causes a delay, etc.), public agencies will document those circumstances and develop and implement an interim IFSP, to the extent appropriate and consistent with Section 303.345.

MULTIDISCIPLINARY EVALUATION REQUIREMENTS BY ELIGIBILITY

Eligibility Statement

The eligibility statement must be documented and address the following:

1. a diagnosed medical condition or
2. the area(s) in which the child was found to be delayed and the degree of delay.

If the child is not eligible, a Notice of Action for Ineligibility and a Parental Rights Brochure must be provided to the parents.

NONDISCRIMINATORY PROCEDURES (34 CFR 303.323)

The State of Missouri assures that all agencies responsible for evaluation and assessment activities shall implement the following nondiscriminatory procedures:

1. tests and other evaluation materials and procedures must be administered in the native language of the parents or other mode of communication, unless clearly not feasible to do so;
2. any assessment/evaluation procedures and/or materials must be selected and administered so as not to be racially or culturally discriminatory;
3. no single procedure is used as the sole criterion for determining a child's eligibility; and,
4. all evaluations and assessments must be conducted by qualified personnel (34 CFR 303.323).

VI. INDIVIDUALIZED FAMILY SERVICE PLANS (IFSP)(34 CFR 303.340)

The State of Missouri ensures that the State's system of early intervention services includes policies and procedures for the development of IFSPs that meet the requirements of this section and 34 CFR 303.341 through 303.346.

The State of Missouri assures that a current IFSP is in effect and implemented for each eligible child and the child's family.

Each child that is eligible for the State's early intervention service system is entitled to an IFSP that addresses the needs of the child and family. This is a written plan that outlines the provision of early intervention services for the child and family. The plan must:

1. be developed jointly by the family and appropriate qualified personnel involved in the provision of early intervention services;
2. be based on the multidisciplinary evaluation and assessment of the child and the assessment of the family; and,
3. include services necessary to enhance the development of the child and the capacity of the family to meet the special needs of the child (34 CFR 303.340).

If there is a dispute between agencies as to whom has responsibility for developing or implementing an IFSP, the DESE shall resolve the dispute or assign responsibility.

PROCEDURES FOR IFSP DEVELOPMENT, REVIEW, AND EVALUATION (34 CFR 303.342)

Meeting to Develop Initial IFSP - Timelines

For a child who has been evaluated for the first time and determined to be eligible, a meeting to develop the initial IFSP must be conducted within 45 calendar days of the referral.

Periodic Review

The State of Missouri ensures that the IFSP for a child and the child's family is reviewed every six months, or more frequently if conditions warrant, or if the family requests such a review. The purpose of the periodic review is to determine the degree to which progress toward achieving the outcomes is being made, and whether modification or revision of the outcomes or services is necessary. Meetings or other means that are acceptable to parents and other participants may be used to conduct these reviews. If, as a result of the IFSP review, it is suggested that modifications or revisions to the outcomes or services are needed, then an IFSP Team meeting must be held. Any modifications or revisions made as a ~~result~~ **result** of the meeting shall be reflected in a new IFSP document.

Annual Meeting to Evaluate the IFSP

The State of Missouri ensures that a meeting is conducted at least annually to evaluate the IFSP for a child and the child's family and, as appropriate to revise its provisions. The annual evaluation of the IFSP includes the requirement to use current evaluations and other information available from the ongoing assessment of the child and family, to determine what early intervention services are needed and will be provided. A new IFSP must be developed at this point in time.

Accessibility and Convenience of Meetings

The IFSP meetings shall be conducted in settings and at times convenient to families and in the native language of the family or other mode of communication used by the family unless clearly not feasible to do so. Meeting arrangements must be made and written notification provided to the family and other participants early enough before the meeting date to ensure that they will be able to attend.

Parental Consent For Early Intervention Services The State of Missouri ensures that the contents of the IFSP shall be fully explained to parents and informed written consent from the parents must be obtained prior to the provision of early intervention services described in the IFSP. If the parents do not provide consent for a particular early intervention service OR withdraw consent after first providing it, that service may not be provided. The early intervention services to which parental consent is obtained must be provided.

Parents of eligible children may determine if they, their child, or other family member will accept or decline any early intervention service under this part in accordance with state law and may decline such a service after first accepting it without jeopardizing other early intervention services under this part.

NOTE: The requirement for the annual evaluation incorporates the periodic review process. Therefore, it is necessary to have only one separate periodic review each year (i.e., six months after the initial and subsequent annual IFSP meetings), unless conditions warrant otherwise.

Because the needs of infants and toddlers change so rapidly during the course of a year, certain evaluation procedures may need to be repeated before conducting the periodic reviews and annual evaluation meetings in paragraphs (b) and (c) of this section.

PARTICIPANTS IN IFSP MEETINGS AND PERIODIC REVIEW (34 CFR 303.343)

Each initial IFSP meeting must include the following participants:

1. the parent or parents of the child;
2. other family members, as requested by the parent(s) if feasible to do so;
3. an advocate or person outside of the family, if the parent requests that the person participate;
4. the intake coordinator who has been working with the family since the initial referral for evaluation
5. a person or persons directly involved in conducting the evaluations and assessments; and,
6. as appropriate, service providers to the child and/or family (34 CFR 303.343).

If an ongoing service coordinator has been successfully identified by the family, that individual may also be invited and participate in the initial IFSP meeting.

Each annual IFSP meeting must include the following participants:

1. the parent or parents of the child;
2. other family members, as requested by the parent(s) if feasible to do so;
3. an advocate or person outside of the family, if the parent requests that the person participate;
4. the ongoing service coordinator that has been designated responsible for the implementation of the IFSP;
5. a person or persons directly involved in conducting the evaluations and assessments; and,
6. as appropriate, service providers to the child and/or family (34 CFR 303.343).

If a person directly involved in conducting an evaluation and/or assessment is unable to attend the IFSP meeting, arrangements must be made for that person's involvement through other means, such as participation by telephone conference call or through pertinent records that are available at the meeting. A knowledgeable authorized representative may also attend the meeting as a substitute for the person unable to attend (34 CFR 303.343 (2)). This includes early intervention service providers who conduct on-going assessments.

Periodic IFSP Review- Participants

Each Periodic review must include the following participants:

1. the parent or parents of the child;
2. other family members, as requested by the parent(s) if feasible to do so;
3. an advocate or person outside the family, if the parent requests that the person participate; and,
4. the ongoing service coordinator that has been designated responsible for the implementation of the IFSP.

If conditions warrant, provisions must be made for the participation of the following:

1. a person or persons directly involved in conducting the evaluations and assessments; and,
2. service providers to the child and/or the family.

CONTENT OF THE IFSP (34 CFR 303.344)

Each IFSP must contain the following components:

1. a statement of the child's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development based upon professionally acceptable objective criteria;
2. with the concurrence of the family, a statement of the family's resources, priorities, and concerns related to enhancing the development of the child;
3. a statement of the major outcomes expected to be achieved for the child and family; and the criteria, procedures, and timelines used to determine:
 - a. the degree to which progress toward achieving the outcomes is being made, and
 - b. whether modifications or revisions of the outcomes or services are necessary;
4. a statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes, including the frequency, intensity, and method of delivering the services;

5. a statement of the natural environments in which early intervention services will be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment;
6. the location of services, and
7. the payment arrangements, if any;
8. other services needed, but not required by Part C. To the extent appropriate, the IFSP must include:
 - a. medical and other services that the child needs, but that are not required by Part C; and
 - b. the funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources. This requirement does not apply to routine medical services such as immunizations and well-baby care unless a child needs those services and the services are not otherwise available or being provided;
9. the projected dates for initiation of the early intervention services (with the exception of the other services required in number 8 as soon as possible after the IFSP meeting);
10. the anticipated duration of the early intervention services;
11. the name of the service coordinator from the profession most immediately relevant to the child's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities) who is responsible for the implementation of the IFSP and coordination with other agencies and persons. The term profession as used in this sentence includes service coordination. In meeting this requirement the agency responsible for coordinating the IFSP meeting will assist the family in the selection of the ongoing service coordinator;
12. A statement of the steps to be taken to support the transition of the child at age three:
 - a. to preschool services under Part B of IDEA to the extent that those services are appropriate, or
 - b. to other services, that ~~may~~ **may** be available, (i.e., Parents as Teachers, Head Start, Child-Care Settings, Title I Preschool Programs, etc.), if appropriate

The steps for transition must include:

1. discussions with, and training of parents regarding future placements and other matters related to the child's transition;
 2. procedures to prepare the child for changes in service delivery including steps to help the child adjust to and function in, a new setting; and
 3. with written parental consent, transmission of **other** information about the child to the local education agency, to ensure continuity of services, including evaluation and assessment information, **written reports**, and copies of IFSPs; and,
13. a statement describing assistive technology services or devices as appropriate including:
 - 1) identification of the professional who will assist the family with the assistive technology device,
 - 2) what outcome(s) the assistive device supports or facilitates,
 - 3) the location of the device,
 - 4) a statement of the frequency and intensity of the time the device/service is used, and
 - 5) method of how the device/service is provided.

The following definitions apply to this part:

- a. frequency and intensity mean the number of days or sessions that a service will be provided, the length of time the service is provided during each session (i.e., twice per month for 45 minutes), and whether the service is provided on an individual or group basis;
- b. location means the actual place or places where a service will be provided; and,
- c. method means, how a service is provided (i.e., whether the service is provided through consultation, family education, and/or direct services).

PROVISION OF SERVICES BEFORE EVALUATION AND ASSESSMENT ARE COMPLETED (34 CFR 303.345)-Interim IFSP

Early intervention services for an eligible child and the child's family may commence before the completion of the evaluation and assessment if the following conditions are met:

1. informed, written parental consent is obtained;
2. an interim IFSP is developed that includes:
 - a. the name of the service coordinator who will be responsible consistent with 303.344 (g) for implementation of the interim IFSP and coordination with other agencies and persons, and
 - b. the early intervention services that have been determined to be needed immediately by the child and the child's family;
3. the evaluation and assessment are completed within 45 calendar days of referral.

The use of an interim IFSP does not release the public system from meeting the 45 calendar day timeline and is rarely used (e.g., for infants as they transition from the NICU to home/community services)

RESPONSIBILITY AND ACCOUNTABILITY (CFR 303.346)

Each agency or person who has a direct role in the provision of early intervention services is responsible for making a good faith effort to assist each eligible child in achieving the outcomes in the child's IFSP. However, Part C of the Act does not require that any agency or person be held accountable if an eligible child does not achieve the growth projected in the child's IFSP.

VII. COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT (34 CFR 303.360)

The State of Missouri has developed a CSPD plan that is consistent with the requirements of Part B-IDEA (34 CFR 300.380-387).

This personnel development system:

1. provides for preservice and inservice training conducted on an interdisciplinary basis to the extent appropriate;
2. provides for training of a variety of personnel needed to meet the requirements of this part, including public and private providers, primary referral sources, paraprofessionals, and persons who will serve as service coordinators; and
3. ensures that the training provided relates specifically to:
 - a. understanding the basic components of early intervention services available in the State;
 - b. meeting the interrelated social/emotional, health, developmental, and educational needs of eligible children under this part;
 - c. assisting families in enhancing the development of their children, and in fully participating in the development and implementation of IFSPs;
 - d. training and use of paraprofessionals;
 - e. the training of personnel to work in rural and inner-city areas; and
 - f. primary referral sources on the basic components of early intervention services available in the state.

The State of Missouri also ensures that the training is consistent with the CSPD and may include:

1. implementing innovative strategies and activities for the recruitment and retention of early intervention service providers;
2. promoting the preparation of early intervention providers who are fully and appropriately qualified to provide early intervention services;
3. implementing strategies for working in rural areas; and,
4. coordinating transition services for infants and toddlers from the early intervention system under Part C to preschool services under section 619 of Part B or to other appropriate services.

VIII. PERSONNEL STANDARDS (34 CFR 303.361)

Appropriate professional requirements in the State means entry level requirements that:

1. are based on the highest requirements in the State applicable to the profession or discipline in which a person provides early intervention services, and
2. establishes suitable qualifications for personnel providing early intervention services to children and, their families who are served by State, local, and private agencies.

Highest requirements in the State applicable to a specific profession or discipline means the highest entry level academic degree needed for any State approved or recognized certification, licensing, registration or other comparable requirements that apply to that profession or discipline.

Profession or Discipline means a specific occupational category that:

1. provides early intervention services to eligible children/families;
2. has been established or designated by the State; and,
3. has a required scope of responsibility and degree of supervision.

State approved or recognized certification, licensing, registration, or other comparable requirements means the requirements that a State legislature either has enacted or has authorized a State agency to promulgate through rules to establish the entry-level standards for employment in a specific profession or discipline in that state.

The highest professional standard by discipline for the State of Missouri are as follows. In addition to these standards, contracted personnel must meet First Steps credentialing requirements. The requirements of all state statutes and rules of all state agencies applicable to serving children under this part were considered.

PERSONNEL STANDARDS

TITLE	RESPONSIBILITIES	EDUCATIONAL QUALIFICATIONS	CERTIFICATES OR LICENSE Refer to the First Steps Personnel guide for credential requirements for each position.
ABA Implementer	Implements ABA instruction	High school graduate or GED.	Must have ongoing supervision and training by an ABA program consultant.
Audiologist	Plans and implements screening, evaluation/diagnosis, and early intervention services for hearing impaired children who are deaf/hearing impaired	Master's Degree	License issued by the State Board of Registration for the Healing Arts
ABA Program Consultants	Provides assessments for ABA services, designs and facilitates ABA programming for child. Provides direct service to families and children, provides consultation with others, assists with assessing and understanding behaviors, writes reports, and attends IFSP meetings. May design and facilitate intense behavioral programming as	Bachelor's or Master's degree in human service field.	At least one of the following qualifications: National or State Certification in Applied Behavior Analysis; OR Documentation of specific training in ABA with application to young children; AND Documentation of experience in designing and implementing an ABA program with young children, with autism spectrum disorders

	<i>identified in a child's IFSP.</i> May train ABA implementers in instructional techniques such as discrete trial training.		
Counselor, Licensed Professional	Provides individual and group counseling techniques, methods or procedures for the purposes of assessing, understanding or influencing behavior. Conducts assessments for aptitudes, intelligence, attitudes, abilities, achievement, interests or personal characteristics. <i>direct service to families and children, provides consultation with others, assists with assessing and understanding behaviors, conducts psychological assessments, writes reports, and attends IFSP meetings.</i>	Master's Degree	Licensed by the Committee for Professional Counseling
Dietitian	Conducts individual assessments, develops and monitors nutrition plans, makes referrals to appropriate community resources. <i>Provides direct service to families and children, provides consultation with others, conducts individualized nutritional assessments, writes reports, develops nutritional plans, and attends IFSP meetings.</i>	Bachelor's Degree and internship	Licensed by the State Committee of Dietitians, effective July 1, 2000
Intake or Service Coordinator Associate	Works under the supervision of a fully credentialed service coordinator	High school diploma or GED	Must have ongoing supervision and training by a Service Coordinator
Interpreter of <i>for</i> the Deaf	Facilitates communication <i>for</i> between individuals with <i>who are deaf/</i> hearing <i>impaired.</i> impairments and hearing persons.	High school diploma or GED	Intermediate certificate issued by the Commission for the Deaf and license issued by the Division of Professional Registration.
Nurse, LPN	Provides health services under the direction of an RN or Physician.	Diploma from accredited LPN program One year course of study in practical nursing	Licensed by the State Board of Nursing.
Nurse, RN	Provides screening, evaluative on , and diagnostic health information. This person p Provides health services to eligible <i>families and</i> children, with disabilities as specified on the IFSP	Associate's Degree	Licensed by the State Board of Nursing

	<i>consultation with others, and attends IFSP meetings.</i>		
Occupational Therapist	Provides evaluation services and occupational therapy <i>direct service to families and children, provides consultation with others, conducts individualized assessments, writes reports, and attends IFSP meetings.</i>	Bachelor's Degree (<i>prior to 2007</i>) <i>Master's Degree (effective 2007)</i>	License issued by the Missouri Board of Occupational Therapy
Occupational Therapy, Certified Assistant (COTA)	Provides occupational therapy services under the direction of an licensed <i>enrolled First Steps</i> Occupational Therapist.	<i>Associate of Arts</i> degree	License issued by the Missouri Board of Occupational Therapy
Optometrist	<i>Administers vision tests, participates on evaluation teams, provides vision services to eligible children with disabilities as specified on the IFSP, conducts consultation with others, and assists in planning and implementing early intervention.</i>	Graduate of Approved School of Optometry	Licensed by Missouri Board of Optometry
Orientation and Mobility Specialist	Provides orientation and mobility services.	Bachelor's Degree with specialization in orientation and mobility, teaching the blind and visually impaired, rehabilitation teaching, special education, occupational therapy, physical therapy or closely related area	<ul style="list-style-type: none"> • Certified by the Association for Education and Rehabilitation (AER) OR • Demonstrated proficiency in O&M as required by a current contract with Rehabilitation Services for the Blind OR • Visually Impaired Certification by the State Board of Education
Other Early Intervention provider (<i>e.g., Assistive Technology provider, Translator, Transportation provider</i>)	Any trained professional not identified above, who is deemed the <i>an</i> appropriate service provider for an IFSP service	Personnel must have academic preparation in the intervention area or job related experience in the intervention area.	<ul style="list-style-type: none"> • The provider must be identified by the IFSP team and approved by DESE <i>prior to conducting services.</i>
Paraprofessional in Early Intervention	Assists with the implementation of IFSPs under the direction of the special instructor, speech therapist, OT or PT <i>an enrolled Special Instructor, Speech Language Pathologist, Occupational Therapist or Physical Therapist.</i>	High school diploma or GED	Must have ongoing supervision and training by special instructor, speech therapist, OT or PT <i>under the direction of designated supervisor.</i>
Parent Advisor for children with sensory	Provides parent education for parents of children who are	Bachelor's Degree	Successful completion of parent education for parents of children

impairments	blind, visually impaired, deaf or hearing impaired.		with sensory impairments provided through the Missouri School for the Deaf and/or Missouri School for the Blind
Physical Therapist	Provides evaluation services and physical therapy direct service to families and children, provides consultation with others, conducts individualized assessments, writes reports, and attends IFSP meetings.	Bachelor's Degree (prior to December 31, 2002) OR Master's Degree if graduated after (effective December 31, 2002)	License issued by the State Board of Registration for the Healing Arts
Physical Therapist Assistant	Provides Physical Therapy services under the direction of an enrolled First Steps Physical Therapist .	60 hours prescribed course of study, Associate's degree	License issued by State Board of Registration for the Healing Arts
Physician	Provides medical evaluation, evaluative, and diagnostic services services purposes only. and May assists in planning and implementing early intervention services for children with disabilities.	Medical Degree	Physician licensed by the State Board of Registration for the Healing Arts
Psychologists	Administers psychological tests, provides psychological services to family and child, participates on evaluation teams, provides psychological services to eligible children with disabilities as specified on the IFSP, and assists in planning and implementing early intervention services.	Master's Degree	Licensed by the State Committee of Psychologists
Intake or Service Coordinator	Coordinates evaluation/assessments, facilitates the and participate IFSPs meeting, assist families in identifying service providers, coordinates s and monitors s delivery of early intervention services, informs s families of advocacy services, coordinates s with medical and health providers, facilitates s transition from Part C to B, if appropriate. the First Steps Program.	Bachelor's or Master's D egree in one of the following (with 1 year documented experience working with families): <ul style="list-style-type: none"> • eEarly eChildhood sSpecial eEducation; • eEarly eChildhood education; • Elementary Education; • Special Education • eChild/hHuman dDevelopment; • sSocial wWork; • public health, • nNursing; • pPsychology; • Education Administration • Sociology • Family Science/Studies 	First Steps Credential Service Coordination Module

		• <i>Counseling</i>	
Social Worker, Licensed Clinical	Provides methods, principles, and techniques of casework, group work, client centered advocacy, community organization, administration, planning, evaluation, consultation, research, psychotherapy and counseling methods and techniques to persons, families, and groups in assessment, diagnosis, treatment, prevention and amelioration of mental emotional conditions. <i>Conducts individualized evaluation/assessment, diagnostic, and counseling methods or techniques to families and children, consults with providers in the prevention and identification of mental or social emotional conditions, and attends IFSP meetings.</i>	Master's degree	License issued by Missouri State Committee for Social Workers
Speech/Language Pathologist	Provides direct therapy, consultation with providers, develops IFSPs, writes diagnostic reports, and may provide evaluation services <i>service to families and children, conducts consultation with others, conducts individualized assessments, writes reports, and attends IFSP meetings.</i>	Master's Degree and Certificate of Clinical Competency	<ul style="list-style-type: none"> • License issued by the State Board of Registration for the Healing Arts OR • Certification by the State Board of Education
Speech/Language Pathology Associate	Assists with the implementation of IFSPs <i>Provides Speech/Language services</i> under the direction of an licensed <i>enrolled First Steps</i> sSpeech/Language pPathologist.	Master's Degree	Working towards Certificate of Clinical Competency for licensure by State Board of Registration for the Healing Arts
Special Instructor	Provides D irect child services, consultation with providers, develop IFSPs, writing evaluation reports, individualized assessments <i>service to families and children, provides consultation with others, conducts individualized assessments, writes reports, and attends IFSP meetings.</i>	Bachelor's <i>or Master's</i> Degree	Special Education certification by the State Board of Education in <i>Degree in one of the following (with one (1) year documented experience working with infants and toddlers with disabilities 0 - 5 and their families):</i> <ul style="list-style-type: none"> • Early Childhood • Hearing Impaired • Severe Developmental Disabilities

			<ul style="list-style-type: none"> • Visually Impaired • Mentally Handicapped • Child/Human Development • Special Education • Elementary Education • Education Administration • Early Childhood Special Education <p>OR</p> <p>Certification by the State Board of Education in:</p> <ul style="list-style-type: none"> • Early Childhood • Elementary education and One year documented experience with infants and toddlers with disabilities 0-5 <p>OR</p> <p>Bachelors Degree in Child Development and One year documented experience with infants and toddlers with disabilities</p> <p>Degree in one of the following (with three (3) years documented experience working with infants and toddlers with disabilities 0-5 and their families):</p> <ul style="list-style-type: none"> • Psychology • Sociology • Social Work • Family Science/Studies • Nursing
Special Instructor – Deaf/Hearing Impaired Special Instructor – Blind/Partially Sighted	Provides direct service to families and children, provides consultation with others, conducts individualized assessments, writes reports, and attends IFSP meetings.	Bachelor's Degree	Special Education certification by the state board of education in Deaf and Hearing Impaired or Blind and Partially Sighted

Steps to Bring Personnel into Compliance with Highest Standard

The following describes the steps Missouri is taking to bring personnel into compliance with the highest standards, the procedures for notifying public agencies and personnel of those steps, and timelines for requiring retraining or hiring of personnel that meet the State's requirements.

Until 2004, eContracted providers, as specified in the preceding chart, will have two years to earn the Early Intervention credential. The timeline for completion begins with enrollment in the central finance office.

The State uses the following methods to notify the public about the steps it is taking to bring personnel into compliance with the highest standard:

1. public review of grant application;
2. regional provider forums;
3. SICC meetings and minutes;
4. newsletters and direct mailings; and,
5. presentations to professional organizations and faculties at universities and colleges.

Information concerning personnel standards for Missouri's early intervention system are maintained by the DESE, Division of Special Education. They are available for review by the public during regular office hours.

Policy to Address Shortage of Personnel

It is the policy of the State of Missouri to make ongoing good faith efforts to recruit and hire appropriately and adequately trained personnel to provide early intervention services to eligible children. In those instances when an appropriately and adequately trained individual cannot be employed, including a geographic area of the State where there is a shortage of personnel that meet the qualifications, the most qualified individuals available who are making satisfactory progress toward completing applicable course work necessary to meet the standards described in this section, within three years may be recruited and hired.

IX. PROCEDURAL SAFEGUARDS

GENERAL RESPONSIBILITY OF LEAD AGENCY FOR PROCEDURAL SAFEGUARDS (34 CFR 303.400)

DESE, lead agency for Part C, is responsible for:

- (a) Establishing or adopting procedural safeguards that meet the requirements of this subpart; and
- (b) Ensuring effective implementation of the safeguards by each public agency in the State involved in the provision of early intervention services.

DEFINITIONS OF CONSENT, NATIVE LANGUAGE, AND PERSONALLY IDENTIFIABLE INFORMATION (34 CFR 303.401)

(a) Consent means:

- (1) parent(s) has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or other mode of communication;
- (2) parent(s) understands and agrees in writing to the activity for which consent is sought, and the consent describes that activity and lists records (if any) that will be released and to whom;
- (3) parent(s) understands that consent is voluntary on the part of the parent, and may be revoked at any time.

(b) Native language means the language or mode of communication normally used by the parent of a child eligible under this part.

- (c) Personally identifiable means information that includes:
- (1) the name of the child, the child's parent or other family member;
 - (2) the address of the child;
 - (3) a personal identifier, such as the child's or parent's social security number; or,
 - (4) a list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty.

OPPORTUNITY TO EXAMINE RECORDS (34 CFR 303.402)

In accordance with the confidentiality procedures in the regulations under Part B of the Act (34 CFR 300.560 – 300.576) the parents of eligible children must be afforded the opportunity to examine/inspect/review records relating to evaluations and assessments, eligibility determinations, development and implementation of IFSPs, individual complaints dealing with the child, and any other area involving records about the child and the child's family. Agencies maintaining such records must allow parents access without unnecessary delay. Parents also have the right to request an explanation of the records or to request to amend the records if the parents believe information is inaccurate or misleading.

PRIOR NOTICE; NATIVE LANGUAGE (34 CFR 303.403)

Written prior notice shall be given to parents of a child eligible under this part a reasonable time before the public agency or service provider proposes, or refuses, to initiate or change the identification, evaluation, or placement of the child or the provision of appropriate early intervention services to the child and the child's family.

CONTENT OF THE NOTICE

This notice must be in sufficient detail to inform the parents about:

1. The action being proposed or refused;
2. The reasons for taking the action; and,
3. All procedural safeguards that are available under Secs. 303.401 – 303.460 of this part and
4. The State complaint procedures under Secs 303.510 – 303.512, including a description of how to file a complaint and the timelines under those procedures.

The notice must be written in language understandable to the general public and be provided in the parent's native language unless it is clearly not feasible to do so. If the native language or other mode of communication of the parent is not a written language, the public agency, or designated service provider, shall take steps to ensure that:

1. the notice is translated orally or by other means to the parent in the parent's native language or other mode of communication;
2. the parent understands the notice; and,
3. there is written evidence that the requirements of this paragraph have been met.

If a parent is deaf or blind, or has no written language, the mode of communication must be that which is normally used by the parent (such as sign language, braille, or oral communication).

PARENT CONSENT (34 CFR 303.404)

The State of Missouri ensures that written parental consent will be obtained before;

1. Conducting the initial evaluation and assessment of a child under sec. 303.322; and
2. Initiating the provision of early intervention services.

If the parent does not give consent (or withdraws consent after first providing it), the service coordinator shall make reasonable efforts to ensure that the parent:

1. Is fully aware of the nature of the evaluation and assessment of the services that would be available; and
2. Understands that the child will not be able to receive the evaluation and assessment or services unless consent is given.

PARENT RIGHT TO DECLINE SERVICE (34 CFR 303.405)

Parents of eligible children may determine if they, their child, or other family member will accept or decline any early intervention service under this part in accordance with state law, and may decline such a service after first accepting it, without jeopardizing other early intervention services under this part.

SURROGATE PARENTS (EDUCATIONAL SURROGATE) (34 CFR 303.406)

The Missouri Department of Elementary and Secondary Education has established the following for the appointment of educational surrogates:

Identifying the Need for Appointment

Any person may advise the agency responsible for providing early intervention services to a child with a disability that a child with a disability within its jurisdiction may be in need of a person to act as an educational surrogate. Notice can be given to the System Point of Entry (SPOE) or directly to the Division of Special Education, Missouri Department of Elementary and Secondary Education.

Process of Appointment

When the SPOE is informed of a child with disabilities living within its jurisdiction, it shall, within thirty (30) days, determine whether an educational surrogate should be appointed. A request for the appointment of a surrogate shall be made within ten (10) days to the Division of Special Education. The Division, on behalf of the State Board of Education, shall, within thirty (30) days, appoint a person to act as an educational surrogate. The Division shall maintain a registry of trained educational surrogates from which they will select individuals for appointment. If an educational surrogate dies, resigns, or is removed, within 15 days thereof, a replacement will be appointed.

Criteria for Appointment

The State Board of Education shall appoint a person to act as a surrogate for the parent or guardian of a child with a disability as defined in Section 162.675, RSMo, when:

- A) the child has no identified parent, guardian, or person acting as parent;
- B) the child has parents who, after reasonable efforts, cannot be located by a public agency;
or,
- C) the child is a ward of the state and is living in a facility or group home (and not with a person acting as a parent).

Definitions

The Department will use the following definitions when determining child eligibility to receive a surrogate appointment:

- A. the term "parent" means a parent, a guardian, a person acting as parent of a student, or an educational surrogate who has been appointed. The term does not include the State if the student is a ward of the State; and,
- B. the term "person acting as a parent of a child" refers to relatives of the child or private individuals allowed to act as parents of a child by the child's natural parents or guardians. For example, a grandparent, neighbor, governess, friend, or private individual caring for the child with the explicit or implicit approval of the child's natural parent or guardian would qualify as "a person acting as a parent of a child." If a child is represented by such a person, no educational surrogate is needed.

Qualifications for Appointment

Any person who is appointed to act as an educational surrogate shall:

- A. be at least 18 years of age;
- B. not be an employee of any State agency or a person or an employee of a person providing early intervention services to the child or to any family member of the child (a person

otherwise qualified to be an educational surrogate is not an employee of an agency simply because he or she is reimbursed to serve as an educational surrogate);

- C. be free from any interest that may conflict with the interests of the child represented; and,
- D. have knowledge and skills that ensure adequate representation of the child.

Educational Surrogate Training

All educational surrogates shall participate in a training session in which they will become familiar with the Missouri Educational Surrogate Program, acquire a basic understanding of the early intervention services provided through First Steps in Missouri, and develop the knowledge and skill necessary to adequately represent a child with disabilities. DESE shall provide the educational surrogate training.

System Point of Entry Responsibilities

Specifically, each SPOE shall:

- a) designate a staff member who will be responsible for overseeing the educational surrogate program in their agency. Unless notified otherwise, DESE will assume that the educational surrogate contact person is the same as the SPOE contact person;
- b) complete and return to DESE a "Determination of Need for Surrogate Appointment" form for each child believed to be eligible for receiving a surrogate appointment;
- c) assist DESE in recruiting educational surrogate volunteers and submit their names and addresses to DESE;
- d) be available to assist DESE with local educational surrogate training; and,
- e) complete and return to DESE an "Educational Surrogate Evaluation" form for each surrogate serving in the SPOE catchment area.

Duties of the Educational Surrogate

An individual appointed to act as educational surrogate shall:

- a) complete and return to DESE Educational Surrogate Application and Verification of Eligibility form;
- b) attend an educational surrogate training session;
- c) represent their assigned child in all decisions relating to the child's early intervention including matters related to the identification, evaluation, and placement of the child, and,
- d) notify the System Point of Entry or DESE if any conflicts develop, or if they will no longer be able to fulfill their educational surrogate role.

Immunity from Liability

The person appointed to act as an educational surrogate shall be immune from liability for any civil damage arising from any act or omission in representing the child in any decision related to the child's early intervention. This immunity shall not apply to intentional conduct, wanton and willful conduct, or gross negligence.

Reimbursement

The person appointed to act as an educational surrogate shall be reimbursed by the State Board of Education for all reasonable and necessary expenses incurred as a result of his or her representation of a child with a disability. Determination of "reasonable and necessary" expenses shall be made at the discretion of the Department and pursuant to State Office of Administration guidelines. Such expenses do not include attorney fees or child care/babysitting expenses.

Evaluation

DESE will send to each System Point of Entry an evaluation form to complete for each educational surrogate in which they will recommend the continuation or termination of the surrogate appointment. The System Point of Entry shall provide brief written discussions supporting a recommendation of termination and attach any existing documentation. Upon receipt of a recommendation of termination, the Division will investigate and reach a decision on whether to terminate.

Termination

The educational surrogate appointment shall be terminated at the request of the educational surrogate or in the event of any of the following situations:

- A. the conclusions of the initial evaluation and assessment indicate that the child does not qualify for receiving early intervention services;
- B. the child's parent or guardian reappears to represent him or her, or wardship is terminated;
- C. the child is no longer in need of early intervention services;
- D. the child reaches the age of three and is no longer eligible for early intervention services and is determined to not be eligible for services in the Part B system;
- E. the educational surrogate fails to fulfill their responsibilities as defined by state and federal regulations.

MEDIATION AND DUE PROCESS HEARING PROCEDURES FOR PARENTS AND CHILDREN (34 CFR 303.419 – 303.425)

The state system includes written procedures for the timely administrative resolution of individual child complaints by parents concerning any of the matters in 34 CFR 303.403 (a). The State meets this requirement by developing procedures that--

1. Meet the requirements in 34 CFR 303.419 and 34 CFR 303.421 through 303.425, and
2. Provide parents a means of filing a complaint.

Mediation is available to parents in the state of Missouri and the state has adopted the procedures listed below.

To initiate mediation:

Upon receipt of a request for due process hearing, the parents will be offered the opportunity to mediate their dispute. Mediation is voluntary and parties must agree to mediation. Mediation will be provided at no cost to either party. Mediation is not used to deny or delay a parent's right to a due process hearing under Section 303.420 or to deny or delay any other rights afforded under Part C of this Act.

The parties must mutually agree on a mediator from the trained mediator list maintained by the Department of Elementary and Secondary Education, Special Education Division.

- a) Mediation must be scheduled within fifteen days of the selection of a mediator.
- b) Mediation must be conducted at a time and place mutually agreed upon by the parties.
- c) Mediation must be completed within thirty days of the agreement to mediate.
- d) Any agreement reached during the mediation must be in writing and delivered to each party.
- e) No more than three persons can accompany each party unless the parties mutually agree on additional participants.
- f) No attorney shall participate or attend on behalf of any party at the mediation session. However, a lay advocate may accompany parents.
- g) Discussions held during a mediation session are confidential and cannot be used later as evidence in a due process hearing or civil action.

Mediator qualifications:

- a) Mediators must be impartial and free of any conflict of interest.
- b) Mediators shall not be employees of a public or private agency that is involved in the early intervention services for the child and/or family.
- c) Mediators must have knowledge of laws and regulations relating to the provision of appropriate early intervention service to children with disabilities.
- d) Mediators must have a minimum of 16 hours of training as a mediator.
- e) Mediators, to be placed on the Departments mediator list, must meet the above requirements and must agree to be compensated at a set rate.

Effect on Due Process Hearing timelines: the process for assigning a hearing officer and scheduling a due process hearing will occur simultaneously with the mediation process. In the event that the due process hearing is scheduled for a date prior to the date of the completion of the mediation, one or

both of the parties may request, and obtain, an extension of the due process hearing time-line from the hearing officer if the desire is to proceed with the mediation.

DUE PROCESS HEARING PROCEDURES

To initiate a due process hearing, a written statement requesting a due process hearing and indicating the concerns must be submitted to the Compliance Section, Division of Special Education, Department of Elementary and Secondary Education. Within thirty (30) days of receipt of this statement, a hearing will be held to review the concerns. The hearing will be conducted by a hearing officer named by the Assistant Commissioner, Division of Special Education, on behalf of the State Board of Education.

APPOINTMENT OF AN IMPARTIAL PERSON (34 CFR 303.421)

An impartial person must be appointed as a hearing officer to implement the complaint resolution process in this Subpart. The person must have knowledge about the provisions of Part C, of complaint management requirements, and the needs of, and services available for eligible children and their families, and perform the following duties:

1. listen to the presentation of relevant view points about the complaint, examine all information relevant to the issues and seek to reach a timely resolution of the complaint, and
2. provide a record of the proceedings, including a written decision.

As used in this section, impartial means that the person appointed to implement the complaint resolution process:

1. is not an employee of any agency or other entity involved in the provision of early intervention services or care of the child or child's family, and
2. does not have a personal or professional interest that would conflict with his or her objectivity in implementing the process.

A person who otherwise qualifies under this section is not an employee of an agency solely because the person is paid by the agency to implement the complaint resolution process.

PARENT RIGHTS IN ADMINISTRATIVE PROCEEDINGS (34 CFR 303.422)

DESE ensures that the parents of children eligible under this part are afforded the rights in this section in any administrative proceedings carried out under 34 CFR 303.420 that include the following:

1. Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to early intervention services for children eligible under this part;
2. Present evidence, and confront, cross-examine, and compel the attendance of witnesses;
3. Prohibit the introduction of any evidence at the proceeding that has not been disclosed to the parent at least five days before the proceeding;
4. Obtain a written or electronic verbatim transcription of the proceedings; and,
5. Obtain written findings of fact and decisions.

CONVENIENCE OF PROCEEDINGS; TIMELINES (34 CFR 303.423)

Any proceeding for implementing the complaint resolution process is carried out at a time and place that is reasonably convenient to the parents. DESE ensures that no later than 30 days after the receipt of a parent's complaint, the impartial proceeding required under this section is completed and a written decision mailed to each of the parties.

DESE, after deleting any personally identifying information will disclose the findings and decision to the State Interagency Coordinating Council established under 300.650, thus making the findings and decisions available to the public.

CIVIL ACTION (34 CFR 303.424)

Any party aggrieved by the findings and decision regarding an administrative complaint has the right to bring a civil action in State or Federal court.

STATUS OF A CHILD DURING PROCEEDINGS (34 CFR 303.425)

During the pendency of any proceeding involving a complaint under this section, unless the public agency and parents of a child otherwise agree, the child must continue to receive the appropriate early intervention services currently being provided.

If the complaint involves an application for initial services under this part, the child must receive those services that are not in dispute.

CONFIDENTIALITY OF INFORMATION (34 CFR 303.460)

It is the policy of the Missouri Department of Elementary and Secondary Education that all information collected and maintained by agencies responsible for the provision of early intervention services for children with disabilities will be protected to ensure the confidentiality of all such information consistent with the specific procedures established in this section.

These policies and procedures meet the requirements in 34 CFR 300.560 through 300.576.

CONFIDENTIALITY FROM IDEA-Part B (34 CFR 300.560-300.576)

DEFINITIONS (34 CFR 303.460)

Destruction means physical destruction or removal of personal identifiers from information so that the information is no longer personally identifiable.

Education records means records maintained by a public agency responsible for the provision of early intervention services, which pertain to the early intervention services provided to a child with a disability. The term includes medical, psychological, and educational reports but does not include records of instructional, educational, ancillary, supervisory, and administrative personnel which are the sole possession of the maker and which are not accessible or revealed to any other personnel, except another person who performs on a temporary basis the duties of the individual who made the record. The term includes test instruments or protocols/score sheets and a record of the test results only if they contain personally identifiable information. Copies of test protocols will only be provided if the failure to do so would effectively prevent the parent from exercising the right to inspect and revise the educational records. These records are defined as education records in FERPA.

Participating agency means any agency or institution, which collects, maintains, or uses personally identifiable information or from which information is obtained under this part. This includes the system point of entry (SPOE).

NOTICE TO PARENTS (34 CFR 300.561)

Notice to parents information is included in Section IV, Comprehensive Child Find System, of this plan.

ACCESS RIGHTS (34 CFR 300.562)

Each SPOE shall permit parents to inspect and review any early intervention records relating to their child that are collected, maintained, and used by the Part C System without unnecessary delay and before any meeting regarding an IFSP or hearing relating to the identification, evaluation, placement or provision of Early intervention services and, in no case, more than 45 days after the request has been made. The right to review and inspect records includes;

- A. the right to a response from the SPOE to reasonable requests for explanations and interpretations of the records;
- B. the information if failure to provide those copies would effectively prevent the parent from exercising the right to inspect and review the records; and,
- C. the right to have a representative of the parent inspect and review the records.

The SPOE may presume that the parent has authority to inspect and review records relating to his/her child unless the SPOE has been advised that the parent does not have the authority under applicable state law governing such matters as guardianship, separation, and divorce.

RECORD OF ACCESS (34 CFR 300.563)

Each SPOE shall maintain a record of all parties obtaining access to Early intervention records collected, maintained or used under Part C of IDEA (except access by parents and authorized employees of the participating agency). The record will include:

- A. name(s) of party;
- B. the date access was given; and,
- C. purpose for which the party is authorized to use the records.

The record of access shall be maintained in each file of each child that contains confidential information. The SPOE is required to maintain a list of those employees who have access to Early intervention records and maintain the list in a central location. Only employees of the SPOE who have a legitimate need to access education records shall be included on the list.

RECORDS ON MORE THAN ONE CHILD (34 CFR 300.564)

If any Early intervention record includes information on more than one (1) child, the SPOE shall allow parents to inspect and review only the information relating to their child or to be informed of the specific information.

LIST OF TYPES AND LOCATIONS OF INFORMATION (34 CFR 300.565)

Each SPOE shall provide parents, on request, a list of the types and locations of education records collected, maintained, or used by the Part C system.

FEES (34 CFR 300.566)

Each SPOE may charge a fee for copies of records which are made for parents under this part if the fee does not effectively prevent the parents from exercising their right to inspect and review those records. A SPOE may not charge a fee to search for or to retrieve information under this part.

AMENDMENT OF RECORD AT PARENT'S REQUEST (34 CFR 300.567 – 300.570)

A parent who believes that information in the Early intervention records collected, maintained or used under this part is inaccurate, misleading, or violates the privacy or other rights of the child may request the SPOE that maintains the information to amend the information.

The SPOE shall reach a decision regarding the request within a reasonable period of time, but no more than 45 calendar days after receipt of the request. If the SPOE agrees to the requested amendment, the records in question shall be amended as agreed to. If the SPOE denies the request for an amendment, the SPOE shall:

- A. inform the parent of the denial and advise the parent of their right to a hearing; and,
- B. advise the parent/guardian that they have a right to request a hearing, from DESE if they desire to further challenge the data contained within the child's file. This hearing shall be held by DESE in conformity with the requirements outlined in Section 99.22 of the Family Educational Rights and Privacy Act regulations.

If, as a result of the hearing, DESE decides that the information is inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child, the SPOE shall amend the information accordingly and so inform the parent in writing.

If, as a result of the hearing, DESE decides that the information is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child, the SPOE shall inform the child's parent of the right to place in the records it maintains on the child a statement commenting on the information or setting forth any reason for disagreeing with the decisions of the SPOE. Any explanation placed in the records of the child must be maintained by the SPOE as a part of the child's records as long as the record or contested portion is maintained by the SPOE. If the record of the child or the contested portion is disclosed by the SPOE to any party, the explanation must also be disclosed to the party.

CONSENT REGARDING PERSONALLY IDENTIFIABLE INFORMATION (34 CFR 300.571)

The SPOE shall require written consent from the parent before it discloses information from the early intervention records of a child unless it is authorized to do so under Part 99 of the regulations implementing the Family Educational Rights and Privacy Act of 1974.

Written consent from the parent shall be obtained before any personally identifiable information is:

- A. disclosed to anyone other than officials of participating agencies collecting or using such data; or,
- B. used for any purpose other than meeting any requirement under IDEA.

In the event parent consent cannot be obtained, due process hearing procedures may be invoked by the Part C System.

If parent's failure to give consent would constitute neglect as defined in the Child Abuse and Neglect Laws of Missouri, Section 210.110 RSMo, a report should be made by the SPOE to the proper authorities.

SAFEGUARDS (34 CFR 300.572)

Each SPOE shall protect the confidentiality of personally identifiable information at the collection, storage, disclosure, and destruction stages. To assure protection, the SPOE shall:

- A. appoint one (1) official at each SPOE to be responsible for ensuring the confidentiality of any personally identifiable information;
- B. provide training or information to all persons collecting or using personally identifiable information in the state's policies and procedures governing such information; and,
- C. maintain, for public inspection, a current list of the names and positions of those employees within the SPOE who may have access to personally identifiable data.

DESTRUCTION OF INFORMATION (34 CFR 300.573)

The SPOE shall inform parents when personally identifiable information collected, maintained, or used under this part is no longer needed to provide early intervention services to the child. The information must be destroyed at the request of the parent subject to the federal requirement that records be maintained for a minimum of three (3) years from the date the child no longer receives early intervention services. However, a permanent record containing the child's name, address, and phone number, may be retained without time limitation.

ENFORCEMENT (34 CFR 300.575)

The Department of Elementary and Secondary Education, through the process of monitoring, will assure that each SPOE receiving and/or eligible for funds from federal sources will have all such policies and procedures, as described herein, in effect. In the event a SPOE fails to comply with the provisions of this part, the Department of Elementary and Secondary Education may initiate actions to withhold the payment of State and Federal funds available to the SPOE under this part.

X. SUPERVISION AND MONITORING OF PROGRAMS (34 CFR 303.501)

DESE, as lead agency, is responsible for the general administration, supervision and monitoring of programs and activities receiving assistance under Part C to ensure compliance with Part C regulations.

DESE is also responsible for the monitoring of programs and activities used by the state to carry out this part, whether or not programs or activities are receiving assistance under Part C, to ensure compliance with Part C. The DESE fulfills this obligation through the following methods:

- 1. monitoring of agencies, institutions and organizations used by the State to carry out IDEA-C;
- 2. enforcement of any obligations imposed on those agencies under Part C;
- 3. providing technical assistance, if necessary, to those agencies, institutions and organizations; and,

4. correction of deficiencies that are identified through monitoring (through a corrective action plan process).

Monitoring activities include data collection, analysis and reporting, and periodic on-site reviews. Onsite reviews occur as needed to address complaints and/or problems identified.

The Department of Elementary and Secondary Education documents any findings of noncompliance through written correspondence to the agencies.

In the event an agency fails to comply with the provisions under Part C, the Department of Elementary and Secondary Education may initiate actions through the contractual provisions between the Lead Agency and Contractors.

XI. LEAD AGENCY PROCEDURES FOR RESOLVING CHILD COMPLAINTS (34 CFR 303.510 – 303.512)

ADOPTING COMPLAINT PROCEDURES (34 CFR 303.510)

DESE has adopted written procedures for receiving and resolving any written and signed complaint that any public agency or private service provider is violating a requirement of Part C.

INFORMING PARENTS AND OTHER INTERESTED INDIVIDUALS OF COMPLAINT PROCEDURES

Parents are informed of the Missouri Part C Child Complaint Procedures several times. The Parental Rights Brochure is given to parents when referred to the program, at the point of notice and consent for evaluation (identification), and at the point of notice and consent for placement or provision of early intervention services.

Parents and other interested individuals including parent training centers, protection and advocacy agencies, independent living centers, and other appropriate entities, are informed of the complaint procedures through a variety of public awareness activities, such as presentations, videos, and print materials. Information is also disseminated through advocacy councils, and the Missouri MR/DD Planning Council.

WHO MAY FILE A COMPLAINT

Any individual or organization, including an organization or individual from another State, may file a complaint with DESE. Sources of written complaints may be parents, service providers, advocates, service coordinators, members of the SICC, and/or employees of public agencies.

Limitations: A complaint must allege a violation that occurred not more than one year before the date that the complaint is received unless a longer period is reasonable because the alleged violation continues for that child or other children, or the complainant is requesting reimbursement or corrective action for a violation that occurred not more than three years before the date on which the complaint was filed.

COMPLAINT PROCEDURES

Statement of Jurisdiction: DESE, as a grantee under Part C of the Individuals with Disabilities Education Act (IDEA) maintains procedures for receiving, investigating, and resolving complaints that statutes and/or regulations relating to Part C of IDEA have been violated. This process is administered through the Division of Special Education, and is known as the child complaint process.

Initiating a Complaint: A child complaint must be filed in writing and must:

1. State facts describing an alleged violation of the IDEA-C or federal statutes and regulations applying to programs operated pursuant to the IDEA-C.
2. State the name, address, and phone number of the complainant as well as applicable information regarding the child involved. Individuals filing a complaint are not required to cite the Part C regulation that he or she alleges has been violated.

Processing of Complaint Record: Upon receipt, the complaint shall be reviewed by the Child Complaint Coordinator and necessary staff assigned to investigate it. The complaint shall also be entered into the complaint tracking system.

Investigation of the Complaint: The process of investigation shall include: staffing the complaint, providing notice of the complaint, data collection, and on-site visits where appropriate.

1. Notice: Upon receipt of a complaint, notice shall be sent to the agency against which the complaint is filed. The notice shall include a statement of the elements of the complaint, a description of the investigation process and, if possible, the details of any on-site visits, data requests, or phone interviews that are planned. The agency shall be invited to provide any relevant information.
2. Acknowledgement: Upon receipt of a complaint, a written acknowledgement shall be sent to the complainant and shall include a statement of the elements of the complaint, a description of the investigation process, and an invitation to provide any relevant information that the complainant wants considered.
3. Documentation Collection: Documentation requests and phone interviews will be the primary methods of data collection in the complaint investigation. The request will include documents relevant to the complaint. Additionally, persons who have filed the complaint are given the opportunity to submit additional information, either orally or in writing, about the allegations in the complaint.
5. On-site visits: If the lead agency determines that the investigation requires an on-site visit, separate notice to the agency shall be given. This notice may be given by phone, or may be in writing. The notice shall include a statement of the records to be made available, staff to be interviewed, and any need for access to school or agency facilities.

Investigation Time Lines: The Division of Special Education shall have, upon receipt of the complaint, sixty (60) calendar days to review all relevant information and issue a letter of findings whether the public or private agency is violating a requirement of Part C the regulations. The Commissioner of Education, if exceptional circumstances exist with respect to the particular complaint, may grant extension of this time limit. If such an extension is given, notice shall be given to the complainant and the agency under investigation, with documentation of that notice to be maintained within the child complaint file.

Resolution of the Complaint: Resolution of a system complaint shall be through the issuance of a decision letter of findings by the Commissioner of Education, DESE. The Decision letter shall include findings of fact and conclusions, and provide reasons for the decision. These findings address each allegation in the complaint and reviews of the investigation results, including any information in an on-site investigation or from a data request. Technical assistance is available to implement any corrective actions ordered. The basis for resolution may be any one of the following:

- A. A decision that the party is in compliance.
- B. A decision that the party is out of compliance, but that voluntary corrective action has been taken requiring no further corrective action.
- C. A decision that the party is out of compliance and ordering a specific corrective action to be completed by a certain date.

REMEDIES FOR DENIAL OF APPROPRIATE SERVICES: In resolving a complaint in which it finds a failure to provide appropriate services, a lead agency, pursuant to its general supervisory authority under Part C of the Act, must address how to remediate the denial of those services, including as appropriate, the awarding of monetary reimbursement or other corrective action appropriate to the needs of the child and the child's family and appropriate future provision of services for all infants and toddlers with disabilities and their families.

Appeal Rights: The findings of the Commissioner of Education related to the complaint shall constitute a final decision of DESE.

Complaint Filing and Due Process Hearing Requests

If a written complaint is received that is also the subject of a due process hearing under Section 303.420, or contains multiple issues, of which one or more are part of that hearing, the State must set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not part of the due process action must be resolved within the 60-calendar-day timeline using the complaint procedures described in this section.

If an issue is raised in a complaint that has previously been decided in a due process hearing involving the same parties, the hearing decision is binding and the State must so inform the complainant. A complaint alleging a public agency's or private service provider's failure to implement a due process decision must be resolved by the Department.

XII. POLICIES AND PROCEDURES RELATED TO FINANCIAL MATTERS

POLICIES RELATED TO PAYMENT FOR SERVICE (34 CFR 303.520)

The Missouri Department of Elementary and Secondary Education is responsible for policies related to payment of early intervention services for eligible children. These policies are consistent with the funding policies as outlined in 34 CFR 303.520 (b).

Proceeds from public or private insurance (34 CFR 303.520 (d))

The State of Missouri assures that proceeds from public or private insurance are not treated as program income for purposes of 34 CFR 80.25 and, if a public agency spends reimbursements from federal funds (e.g., Medicaid) for early intervention services, those funds are not considered state or local funds for purposes of the provisions contained in Sec. 303.124.

FAMILY COST PARTICIPATION (34 CFR 303.520)

Missouri implements a system of payments which establishes family participation in the cost of providing early intervention services. The following services are provided at no cost to all children referred to Part C and their families: child find activities, evaluation and assessment, service coordination, and administrative and coordinative activities related to the development, review, and evaluation of IFSPs and implementation of procedural safeguards.

All First Steps providers must be recognized and enrolled providers with the state's Medicaid agency for those services covered under the state's Medicaid State Plan. For those children who are eligible or enrolled in Medicaid, the cost for services incurred in the eligibility determination process, IFSP planning and development, and service delivery for those covered services will be paid for by Medicaid and will be at no cost to the family.

Definitions:

(a) Ability to pay is the determination of a family's financial ability to contribute to the cost of early intervention services provided by Missouri First Steps based on the family's placement on a sliding fee scale. Placement on the scale at the minimum family participation rate as established by statute or by the lead agency indicates an ability to pay.

During the process of "ability to pay" determination, the family must be informed of their right to refuse any service; receive the following services at no cost: child find activities; evaluation and assessment; service coordination; administrative and coordinative activities related to the development, review, and evaluation of IFSPs and implementation of procedural safeguards; and their right to have the family cost share amount reviewed;

(b) Adjusted gross income means the adjusted income as reflected on the previous year federal

income tax form;

(c) Allowable deductions are out-of-pocket family expenses, as defined by the lead agency, that may be allowed in the consideration of family hardship when an adjustment to the calculated monthly fee is determined to be appropriate;

(d) Family cost participation is the process authorized by section 160.920, RSMo, providing for family participation in the costs of early intervention services;

(e) Family cost share or family fee the maximum amount the family must pay per month based on the family's ability to pay, considering the family's adjusted income as determined on the previous year federal income tax form. The fee is based on a family unit, not per individual child;

(f) Family unit means the group of individuals in the same household whose information is used to determine family size and financial resources. It could include, but is not limited to, biological parents, adoptive parents, step-parents, and children (biological and adoptive);

(g) Family cost participation notification informs the family (financially responsible person/head of household) of the actual amount of monthly fees the family is required to pay to participate in the Missouri First Steps system;

(h) Financial hardship refers to unplanned occurrences in a family that adversely impacts the financial stability of the family. The following occurrences may cause an adjustment to be made in the amount of monthly fees: loss of home, loss of job, or extensive medical costs incurred/documented in the current year as determined applicable by the SPOE Director. One or more of these occurrences may be used to modify a calculated monthly fee or become the basis for a determination of "inability to pay;"

(i) Inability to pay refers to a determination that the family is not able to financially contribute to the cost of early intervention services provided by Missouri First Steps. Placement on the sliding fee scale at \$0.00 indicates an inability to pay. Families currently enrolled in Medicaid are assumed to have an "inability to pay" for purposes of receiving services through the Missouri First Steps system. Families meeting this definition will not be charged for any early intervention services provided to the child and family pursuant to the child's IFSP.

(j) Income verification is the process of reviewing family documentation of income and allowable expenses that will occur during the intake process, annual review, or at other times as requested by the family, the SPOE, or the lead agency. Required documentation will be as specified by the lead agency. If a family refuses to provide requested financial information, the family may be placed on the monthly fee schedule at the highest allowable level; however, the monthly amount charged to the family will not exceed the actual monthly cost of the early intervention services identified on the child's IFSP for that month.

(k) Financially responsible person/head of household means the individual who is obligated by this regulation to pay the calculated monthly fees for participation;

(l) Gross annual income (earned and unearned) is the total monthly income from all sources before payroll deductions, other withholdings, and expenses incurred in earning the income. Examples would include salaries and wages, dividends, annuities, interest, rents, pensions, disability and survivor benefits, Workers' Compensation, unemployment compensation, maintenance and child support payments, bonuses, tips and gratuities, income from business or profession, and any other taxable and nontaxable income as required in the reporting of federal income tax. If the gross annual income used in the current calculation of monthly fees changes by more than ten (10) percent, the family must report

the change to the SPOE within fifteen (15) working days. This change may require a recalculation of the monthly participation fee. Failure to report within fifteen (15) working days may require the retroactive payment of a higher fee. If the family fails to report the change within the appropriate time frame and a reduction in fee is calculated for the family, the new reduced fee will not be retroactive;

(m) Household size is the number of persons dependent upon the income of the financially responsible person(s) in the family unit. For purposes of determining the size of the family unit for First Steps, dependency for family members must meet the dependency test applied by the federal *Internal Revenue Code*;

(n) Missouri First Steps is the Missouri early intervention system for infants and toddlers, ages birth to three that meets the requirements of the *Individuals with Disabilities Education Act (IDEA), Part C*;

(o) Monthly fee is the monthly amount charged to a family for participation in Missouri First Steps as determined by application of the approved sliding fee scale;

(p) Private health insurance is an insurance policy/contract which covers certain health identified conditions, including early intervention services pursuant to section 378.1218, RSMo;

(q) Provider refers to a provider of early intervention services in the First Steps system authorized to perform such services by the lead agency;

(r) Recipient is the person (infant/toddler or family of an infant/toddler) receiving services through Missouri First Steps;

(s) Sliding Fee Scale refers to the table used in determining the monthly fee to be charged to a family for participation in Missouri First Steps. The minimum fee assessed is five dollars (\$5.00) and the maximum fee is one hundred dollars (\$100.00). The scale was developed using two-hundred percent (200%) of the federal poverty guidelines for the year 2005. The family fee scale shall be updated annually when changes occur in the federal poverty guidelines. Changes to the calculated amount of family fees shall take effect as of the first of the month following the change.

(t) Unearned income means income that is not derived from employment. Examples would include maintenance and child support monies, interests, pensions, unemployment benefits, Workers' Compensation and benefits from the Social Security Administration, Railroad Retirement Board, Civil Service Commission, Veterans Administration, and other similar types of income.

Process for determining family fees:

Family fees are based on a sliding scale that considers the adjusted gross income for the family and the number of family members. This fee will be calculated at each System Point of Entry (SPOE) and is due and payable monthly. The calculated fee is due for any portion of a month in which First Steps services are accepted by the family.

If the child/family is eligible for Medicaid (under any state entitlement program), Supplemental Security Income (SSI), General Relief (GR), or Food Stamps, the family cost participation notice will reflect \$0.00 monthly payment. Documentation of Medicaid eligibility as determined by the lead agency must be placed in the family's financial file maintained by the SPOE.

Failure to comply with these requirements:

The SPOE shall encourage the family to provide required financial information so that family cost participation can be determined. The amount of the monthly fee assessed may be increased to the maximum allowed by statute but not exceeding the actual monthly cost of the early intervention services identified on the child's IFSP in that month for any of the following reasons:

1. Refuses to provide financial information to the SPOE in order to calculate the fee
2. Provides false or misleading information
3. Refuses to provide access to health insurance (if available)

Failure to Pay:

The lead agency or its designee will take action to collect any unpaid amounts due based on the sliding fee scale. These actions may include, but are not limited to, suspension of early intervention services except those provided at no cost. The family will be notified by mail when monthly fees are thirty (30), sixty (60), and seventy-five (75) days in arrears. On the 75th day after non-payment of the calculated monthly fees, the financially responsible person/head of household will be notified by mail that early intervention services (except those provided at no cost) will be suspended on the 90th day of non-payment. The lead agency or its designated agent shall also notify the appropriate SPOE when a family is in a non-payment status. The data system will contain a comment that services were suspended due to non-payment of required fees. A family may not receive services in another SPOE area unless reinstatement criteria are met;

Reinstatement of services:

Services suspended for non-payment of applicable fees may be reinstated upon full payment of all fees in arrears and the completion of a current family cost participation agreement if no more than three months have passed since the date of suspension. If more than three months have passed since suspension of services, the IFSP team must reassess the appropriateness of the existing IFSP before reinstating services. The family is not guaranteed the same individual service provider(s) as was assigned prior to the suspension of services;

Periodic review of assessed fees:

A review of family finances and the appropriateness of the current monthly fees will be conducted annually and may occur upon family request, if the family financial status changes significantly;

Family appeal procedures:

Families will provide financial information to their service coordinator used to determine the amount of monthly participation fees. If the family disagrees with the amount assessed, the family may make an appeal for review in writing to the SPOE Director. The director will review the rationale for the monthly fee assessed. The family should submit financial information and a description of any special circumstances that may impact the decision relating to the payment of monthly fees. The SPOE Director will make a final decision regarding the appeal after analyzing all available information.

~~The following tables outline~~ **The minimum monthly and maximum yearly fees for participation in Missouri First Steps based on family size and adjusted gross income for state Fiscal Year 2006: *can be accessed at <http://www.dese.mo.gov/divspeced/FirstSteps/FCPmainpg.htm>***

Family Size = 2

If annual-adjusted-gross-income-is:	Maximum-Monthly-Cost-Share	Maximum-Annual-Cost-Share
\$25,659 or under	\$0.00	\$0.00
\$25,660 to \$30,470	\$5.00	\$60.00
\$30,471 to \$35,282	\$6.66	\$79.92
\$35,283 to \$40,093	\$13.32	\$159.84
\$40,094 to \$44,904	\$19.98	\$239.76
\$44,905 to \$49,715	\$26.64	\$319.68
\$49,716 to \$54,527	\$33.30	\$399.60
\$54,528 to \$59,338	\$39.96	\$479.52
\$59,339 to \$64,149	\$46.62	\$559.44
\$64,150 to \$68,960	\$53.28	\$639.36
\$68,961 to \$73,772	\$59.94	\$719.28
\$73,773 to \$78,583	\$66.60	\$799.20
\$78,584 to \$83,394	\$73.26	\$879.12
\$83,395 to \$88,205	\$79.92	\$959.04
\$88,206 to \$93,017	\$86.58	\$1,038.96
\$93,018 to \$97,828	\$93.24	\$1,118.88
\$97,829 to \$102,639	\$99.90	\$1,198.80
\$102,640 or over	\$100.00	\$1,200.00

Family Size = 3

If annual-adjusted-gross-income-is:	Maximum-Monthly-Cost-Share	Maximum-Annual-Cost-Share
\$32,179 or under	\$0.00	\$0.00
\$32,180 to \$38,213	\$5.00	\$60.00
\$38,214 to \$44,247	\$6.66	\$79.92
\$44,248 to \$50,280	\$13.32	\$159.84
\$50,281 to \$56,314	\$19.98	\$239.76
\$56,315 to \$62,348	\$26.64	\$319.68
\$62,349 to \$68,382	\$33.30	\$399.60
\$68,383 to \$74,415	\$39.96	\$479.52
\$74,416 to \$80,449	\$46.62	\$559.44
\$80,450 to \$86,483	\$53.28	\$639.36
\$86,484 to \$92,517	\$59.94	\$719.28
\$92,518 to \$98,550	\$66.60	\$799.20
\$98,551 to \$104,584	\$73.26	\$879.12
\$104,585 to \$110,618	\$79.92	\$959.04
\$110,619 to \$116,652	\$86.58	\$1,038.96
\$116,653 to \$122,685	\$93.24	\$1,118.88
\$122,686 to \$128,719	\$99.90	\$1,198.80
\$128,720 or over	\$100.00	\$1,200.00

Family Size = 4

If annual-adjusted-gross-income-is:	Maximum-Monthly-Cost-Share	Maximum-Annual-Cost-Share
\$38,699 or under	\$0.00	\$0.00
\$38,700 to \$45,956	\$5.00	\$60.00
\$45,957 to \$53,212	\$6.66	\$79.92
\$53,213 to \$60,469	\$13.32	\$159.84
\$60,470 to \$67,725	\$19.98	\$239.76
\$67,726 to \$74,982	\$26.64	\$319.68
\$74,983 to \$82,238	\$33.30	\$399.60
\$82,239 to \$89,495	\$39.96	\$479.52
\$89,496 to \$96,752	\$46.62	\$559.44
\$96,753 to \$104,008	\$53.28	\$639.36
\$104,009 to \$111,265	\$59.94	\$719.28
\$111,266 to \$118,521	\$66.60	\$799.20
\$118,522 to \$125,778	\$73.26	\$879.12
\$125,779 to \$133,034	\$79.92	\$959.04
\$133,035 to \$140,291	\$86.58	\$1,038.96
\$140,292 to \$147,547	\$93.24	\$1,118.88
\$147,548 to \$154,804	\$99.90	\$1,198.80
\$154,805 or over	\$100.00	\$1,200.00

Family Size = 5

If annual-adjusted-gross-income-is:	Maximum-Monthly-Cost-Share	Maximum-Annual-Cost-Share
\$45,219 or under	\$0.00	\$0.00
\$45,220 to \$53,698	\$5.00	\$60.00
\$53,699 to \$62,176	\$6.66	\$79.92
\$62,177 to \$70,655	\$13.32	\$159.84
\$70,656 to \$79,134	\$19.98	\$239.76
\$79,135 to \$87,612	\$26.64	\$319.68
\$87,613 to \$96,091	\$33.30	\$399.60
\$96,092 to \$104,570	\$39.96	\$479.52
\$104,571 to \$113,049	\$46.62	\$559.44
\$113,050 to \$121,527	\$53.28	\$639.36
\$121,528 to \$130,006	\$59.94	\$719.28
\$130,007 to \$138,485	\$66.60	\$799.20
\$138,486 to \$146,963	\$73.26	\$879.12
\$146,964 to \$155,442	\$79.92	\$959.04
\$155,443 to \$163,921	\$86.58	\$1,038.96
\$163,922 to \$172,399	\$93.24	\$1,118.88
\$172,400 to \$180,878	\$99.90	\$1,198.80
\$180,879 or over	\$100.00	\$1,200.00

Family Size = 6			
If annual adjusted gross income is:		Maximum-Monthly-Cost-Share	Maximum-Annual-Cost-Share
\$51,739	or under	\$0.00	\$0.00
\$51,740	to \$61,440	\$5.00	\$60.00
\$61,441	to \$71,141	\$6.66	\$79.92
\$71,142	to \$80,843	\$13.32	\$159.84
\$80,844	to \$90,544	\$19.98	\$239.76
\$90,545	to \$100,245	\$26.64	\$319.68
\$100,246	to \$109,946	\$33.30	\$399.60
\$109,947	to \$119,647	\$39.96	\$479.52
\$119,648	to \$129,349	\$46.62	\$559.44
\$129,350	to \$139,050	\$53.28	\$639.36
\$139,051	to \$148,751	\$59.94	\$719.28
\$148,752	to \$158,452	\$66.60	\$799.20
\$158,453	to \$168,153	\$73.26	\$879.12
\$168,154	to \$177,854	\$79.92	\$959.04
\$177,855	to \$187,556	\$86.58	\$1,038.96
\$187,557	to \$197,257	\$93.24	\$1,118.88
\$197,258	to \$206,958	\$99.90	\$1,198.80
\$206,959	or over	\$100.00	\$1,200.00

Family Size = 7+			
If annual adjusted gross income is:		Maximum-Monthly-Cost-Share	Maximum-Annual-Cost-Share
\$58,259	or under	\$0.00	\$0
\$58,260	to \$69,183	\$5.00	\$60
\$69,184	to \$80,106	\$6.66	\$80
\$80,107	to \$91,030	\$13.32	\$160
\$91,031	to \$101,954	\$19.98	\$240
\$101,955	to \$112,877	\$26.64	\$320
\$112,878	to \$123,801	\$33.30	\$400
\$123,802	to \$134,724	\$39.96	\$480
\$134,725	to \$145,648	\$46.62	\$560
\$145,649	to \$156,572	\$53.28	\$639
\$156,573	to \$167,495	\$59.94	\$719
\$167,496	to \$178,419	\$66.60	\$799
\$178,420	to \$189,343	\$73.26	\$879
\$189,344	to \$200,266	\$79.92	\$959
\$200,267	to \$211,190	\$86.58	\$1,039
\$211,191	to \$222,113	\$93.24	\$1,119
\$222,114	to \$233,037	\$99.90	\$1,199
\$233,038	or over	\$100.00	\$1,200

ENROLLMENT IN MEDICAID AND USE OF PART C FUNDS (34 CFR 303.527)

Federal regulations for Part C of the Individuals with Disabilities Education Act stipulate that funds under this part are to be used only for early intervention services that an eligible child needs but is not currently entitled to under any other federal, state, local, or private source.

IDENTIFICATION AND COORDINATION OF RESOURCES (34 CFR 303.522)

DESE is responsible for the identification and coordination of all available resources for early intervention services within the state, including those from federal, state, local and private sources and updating the information on funding sources if a legislative or policy change occurs.

The federal funding sources available for the Part C program include:

1. Title V of the Social Security Act (relating to Maternal and Child Health);
2. Title XIX of the Social Security Act (relating to the General Medicaid Program and EPSDT);
3. The Head Start Act;
4. Parts B and C of the IDEA;
5. The Developmentally Disabled Assistance and Bill of Rights Act, (PL 94-103); and,
6. Other Federal Programs, including but not limited to Title XXI, the state Children's Health Insurance Program, Temporary Assistance to Needy Families (TANF), Title IV, the Child Care Development Fund, Early Head Start, etc.

XIII. INTERAGENCY AGREEMENTS; RESOLUTION OF INDIVIDUAL DISPUTES

INTERAGENCY AGREEMENTS (34 CFR 303.523)

The State of Missouri ensures that it has entered into formal interagency agreements with other state level agencies involved in the State's early intervention system.

Each agreement includes the following:

1. the financial responsibility of each agency for paying for early intervention services that is consistent with state law and Part C requirements;
2. the procedures for achieving a timely resolution of intra- and interagency disputes about payments for a given service(s) or disputes about other matters related to of the State's early intervention program. The procedures include a mechanism for making a final determination that is binding upon the agencies involved;
3. a process that permits each state agency participating in the State's early intervention program to resolve any internal disputes (based on the agency's procedures that are included in the agreement) so long as the agency does so in a timely manner.
4. should an agency be unable to resolve its own internal dispute in a timely manner through their own agency's dispute resolution procedures, DESE will follow the procedures identified below to achieve resolution of the intra-agency dispute; and,
5. any additional components necessary to ensure effective cooperation and coordination among all agencies involved in the State's early intervention program.

RESOLUTION OF DISPUTES (34 CFR 303.524)

DESE is responsible for resolving disputes according to procedures in 34 CFR 303.523 (c) (2) (ii). During the pendency of a dispute, DESE is responsible for assigning financial responsibility to an agency or to itself as lead agency, in accordance with the payor of last resort provisions in 34 CFR 303.527. If during the resolution of the dispute, the financial designee determines that the assignment of financial responsibility was inappropriately made, the financial designee shall reassign the responsibility to the appropriate agency and DESE shall make arrangements for reimbursement of any expenditures incurred by the agency originally assigned responsibility.

The dispute will be reviewed by an interagency panel consisting of appropriate staff members designated by the appropriate Director(s) of the state agencies and the Commissioner of Education who will together render a decision. In the event the decision is not satisfactory, the parties involved may refer the dispute to the Governor.

DELIVERY OF SERVICES IN A TIMELY MANNER (34 CFR 303.525)

DESE has developed the following procedures to ensure services are provided in a timely manner pending resolution of disputes among public agencies or service providers.

Pending resolution of a dispute, DESE will utilize Part C funds to directly pay for services. DESE will conduct a review with parties involved. The assignment of financial responsibility will be reviewed by an interagency panel consisting of appropriate staff members designated by the appropriate director(s) of the state agencies.

The panel will provide a recommendation of their decision to the Commissioner of Education and appropriate Department directors who will render a decision. This decision will reassign the fiscal responsibility to the appropriate agency and make arrangements to reimburse expenditures incurred by DESE. In the event the decision is not satisfactory, the parties involved shall refer the dispute to the Governor. Services will continue to be provided during the resolution of the dispute at this level.

PAYOR OF LAST RESORT (34 CFR 303.527)

All funding policies as identified in the Interagency Agreement conform with the following:

1. Nonsubstitution of funds--Part C funds may not be used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source unless that services' source of payment is under dispute. Part C funds may be used only for early intervention services that an eligible child needs but is not currently entitled to under any other Federal, State, local, or private source.
2. Interim payments/reimbursement--In order to prevent a delay in the timely provision of services, Part C funds may be used to pay the provider of services pending reimbursement from the agency or entity that has ultimate responsibility for the payment. Payment may be made for:
 - a. early intervention services,

- b. eligible health services, and
 - c. other functions and services authorized by Part C including child find, evaluation, and assessment. This provision does not apply to medical services or well-baby care.
3. Non-reduction of benefits--Medical or other assistance that is available to the State under Title V of the Social Security Act (SSA) (relating to maternal and child health) or Title XIX of the SSA (relating to Medicaid for eligible children) may not be reduced.

If the dispute is in regard to fiscal responsibility the following will be implemented. The assignment of financial responsibility will be determined by an interagency panel consisting of appropriate staff members designated by the directors of the participating state agencies. The panel will recommend their decision to the Commissioner of Education and appropriate Department Director(s) who will render a decision. Their decision will: reassign the fiscal responsibility to the appropriate agency, and make arrangements for reimbursement of any expenditures incurred by the agency originally assigned responsibility.

In the event that the decision is not satisfactory, the review process shall include:

- 1. referring the dispute to the Governor, and
- 2. implementing the procedures to ensure that services are provided to eligible children and their families in a timely manner, pending resolution of disputes among public agencies or service providers as required under 34 CFR 303.525.

REIMBURSEMENT PROCEDURES (34 CFR 303.528)

The State of Missouri assures that a system is in place which includes procedures for securing timely reimbursement of funds in accordance with section 303.527(b).

XIV. POLICY FOR CONTRACTING OR OTHERWISE ARRANGING FOR SERVICES (34 CFR 303.526)

DESE has established the following policies for contracting or making other arrangements with public or private service providers to provide early intervention services. DESE will review contractual arrangements of the participating state agencies as part of the monitoring process.

- 1. Public agencies must follow State Purchasing Regulations-RSMo Chapter 34 and their respective Departmental rules.
- 2. Agencies with whom DESE contracts must have knowledge of PL105-17, Part C and follow all applicable regulations and rules. All early intervention services must meet State standards and be consistent with provisions of Part C. Individuals or agencies that contract to provide early intervention services must meet personnel standards and provide services consistent with Part C requirements.

XV. DATA COLLECTION

DESE provides data as required in section 676 (b) (14) and 618 of the Act, and other data as requested at the time and in the manner as specified by the Secretary of Education. The data system for Part C includes all eligible infants and toddlers and all enrolled service providers/agencies.

XVI. NATURAL ENVIRONMENTS

The State of Missouri assures that policies and procedures are in place that ensure, to the maximum extent appropriate, early intervention services are provided in the natural environments; and the provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only when the early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment. The policy and procedures under the IFSP section is consistent with language indicated in Section 636(d)(5).

~~Appendices~~ *Appendix*

Appendix A

Education Department General Administrative Regulations (EDGAR) Definitions

Section 303.24 EDGAR definitions that apply

The following terms used in this part are defined in 34 CFR 77.1 and 74.3:

Applicant: means a party requesting a grant or subgrant under a program of the Department

Award: means an amount of funds that the Department provides under a grant or contract

Contract: means (except as used in the definitions for “grant” and “subgrant” in this section and except where qualified by “Federal”) a procurement contract under a grant or subgrant, and “subcontract” means a procurement subcontract under such a contract.

Department: means the US Department of Education

EDGAR: means the Education Department General Administrative Regulations (34 CFR Parts 74, 75, 76, 77, and 78).

Fiscal year: means the Federal fiscal year—a period beginning on October 1 and ending on the following September 30.

Grant: means an award of financial assistance in the form of money, or property in lieu of money, by the Federal Government to an eligible recipient. The term includes such financial assistance when provided by contract, but does not include any Federal procurements subject to the procurement regulations in 41 CFR, nor does it include technical assistance, which provides services instead of money, or other assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct appropriations. Also, the term does not include assistance, such as fellowship or other lump sum award, which the recipient is not required to account for on an actual cost basis.

Grantee: means the government, nonprofit corporation, or other legal entity to which a grant is awarded and which is accountable to the Federal Government for the use of the funds provided. The grantee is the entire legal entity even if only a particular component of the entity is designated in the award document. For example, a grant award document may name as the grantee an agency or a State, or one school or campus of a university. In these cases, the granting agency usually intends or actually requires that the named component assume primary or sole responsibility for administering the grant award document shall not be construed as relieving the whole legal entity from accountability to the Federal government for the use of the funds provided. (This definition is not intended to affect the eligibility provisions of grant programs in which eligibility is limited to organizations, such as State education agencies, which may be the only components of a legal entity.) The term “grantee” does not include any secondary recipients such as subgrantees, contractors, etc., who may receive funds from a grantee pursuant to a grant.

Grant period: means the period for which funds have been awarded.

Private: as applied to an agency, organization, or institution, means that is not under Federal or public supervision or control.

Public: as applied to an agency, organization, or institution, means that the agency, organization, or institution is under the administrative supervision or control of a government other than the Federal government.

Secretary: means the Secretary of the Department of Education or an official or employee of the Department acting for the Secretary under a delegation of authority.

(Authority: 20 USC 1471 et.)

Appendix B

NOTICE OF AVAILABILITY OF APPLICATIONS AND PUBLIC HEARINGS

The Missouri Department of Elementary and Secondary Education has prepared an application for the Individuals with Disabilities Education Act (IDEA), Part C (children birth-three years of age). States desiring to receive Federal funds to support early intervention services under Part C of IDEA must submit an application for the funds. The Missouri Department of Elementary and Secondary Education will hold two public hearings concerning the Fiscal Year 2007 Annual Application for federal funds available for infants and toddlers under Part C of IDEA. The purpose of these hearings is to review the proposed application for funds to serve infants and toddlers with disabilities.

Hearings are scheduled as follows:

September 5, 2006 4:00 pm – 6:00 pm — Special School District Central Office Room 61
12110 Clayton Rd, Town and Country, MO 63131

September 14, 2006 3:30 pm – 5:00 pm — Harry S. Truman Office Building, Room 400
301 West High St., Jefferson City, MO 65101

Individuals who require special accommodations to attend a public hearing need to contact the Division of Special Education at the Missouri Department of Elementary and Secondary Education at least 72 hours prior to the event. (Telephone 573/ 526-7605 or RELAY in Missouri: 1-800-735-2966 TDD)

A copy of the proposed grant application is available for inspection and review during regular office hours at the following locations: Office of the Assistant Commissioner, Division of Special Education, Missouri Department of Elementary and Secondary Education, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102, (573) 526-7605 or RELAY in Missouri: 1-800-735-2966 TDD. Additionally, the document may be viewed at the following Regional Centers for Mental Retardation and Developmental Disabilities, Department of Mental Health:

Albany	Rolla	Kirksville
13 th & Maple, Route 1	105 Fairgrounds Road	1702 E. LaHarpe St.
Albany, MO 64402	Rolla, MO 65402	Kirksville, MO 63501

Kansas City	Poplar Bluff	Hannibal
821 East Admiral Blvd.	2351 Kannel Blvd.	805 Clinic Road
Kansas City, MO 64106	Poplar Bluff, MO 63902	Hannibal, MO 63401

Central Missouri	Sikeston	Springfield
1500 Vandiver Drive, Suite 100	112 Plaza Drive	1515 East Pythian
Columbia, MO 65202	Sikeston, MO 63801	Springfield, MO 65801

Joplin Regional Center	St. Louis
3600 E. Newman Road	211 North Lindbergh
Joplin, MO 64802	St. Louis, MO 63141

A copy of the proposed grant application is available for inspection and review on the Internet at www.dese.state.mo.us/divspeeed. Written comments regarding the grant application may be submitted to the Coordinator Early Intervention Services, Missouri Department of Elementary and Secondary Education, P.O. Box 480, Jefferson City, Missouri 65102-0480 or e-mail Joyce.Jackman@dese.mo.gov through September 31, 2006. Following the 60-day period for comment, the application will be considered by the State Board of Education and submitted to the U.S. Department of Education for review.



The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 5th Floor, 205 Jefferson Street, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or Relay Missouri 800-735-2966.

Missouri Department of Elementary and Secondary Education
P. O. Box 480
Jefferson City, Missouri 65102-0480
<http://dese.mo.gov>